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| Host department: Southampton |
| Project Title: |
| NatRIDOShA: Natural Remedies: Support to Improve Diabetes Outcomes for South Asian communities |
| Proposed supervisory team: |
| * Dr Merlin Willcox (Clinical lecturer and GP, expertise in herbal medicine research) * Dr Ingrid Muller (Health psychologist, expert on person-based approach and qualitative methods) * Professor Michael Moore (Professor of primary care research, expertise in all aspects of primary care research) * Dr Shabana Cassambai (Research Associate, Centre for Ethnic Health Research, University of Leicester – expert on PPI with ethnically diverse groups) |
| Potential for cross consortium networking and educational opportunities: |
| This project will be run in collaboration with the University of Leicester’s centre for ethnic health research. |
| Project description: |
| Aims  1. To develop a culturally sensitive intervention for people in UK South Asian communities providing evidence-based information on effective natural remedies for type 2 diabetes.  2. To pilot and optimise this intervention based on feedback from patients with type 2 diabetes from South Asian communities.  Project Plan  This project will build on our previous research, by developing and optimising an intervention for advising south Asian communities about effective use of natural remedies for T2DM.  We will include two work packages:  (1) Intervention development following theory-, evidence- and person-based approaches  (2) Optimising the intervention through qualitative think-aloud interviews with our target group  This proposal follows the expressed wish of people with T2DM for access to the evidence-base for natural remedies to support self-management.  Research plan/Methods  Work package 1: Intervention development following theory-, evidence- and person-based approaches  Intervention planning will be informed by findings from a systematic review of qualitative studies to build an understanding of the views and experiences of natural remedies amongst people with T2DM and identify key needs and behavioural drivers to be addressed in the intervention. We will also develop guiding principles to inform the intervention development by highlighting the distinctive ways that the intervention design will address behavioural issues. A logic model will be developed and refined throughout intervention development to specify causal mechanisms through which the intervention is likely to result in behaviour change and trial outcomes. Intervention content and design will be developed alongside a PPI panel, clinicians, and researchers.  Work package 2: Optimisation of the intervention  Design: Qualitative study with think-aloud interviews  Sample: 25-30 people with T2DM from South Asian communities to enable feedback from a wide range of participants  Analysis/Outputs: We will conduct qualitative thematic analysis of the think-aloud interviews and will improve the booklet / website iteratively. The final output will be an intervention optimised for usability, feasibility and persuasiveness, ensuring it is meaningful, relevant, and engaging to the target population. |
| Indicative project costs: The indicative research budget for each fellow is £20-25k. |
| * Travel costs from Southampton to Leicester: £1200 * Lifeguide software: £600 * Transcription of interviews and focus groups: £2200 * Participant vouchers: £1000 * Printing & posting study materials: £1000 * General Practice site costs (identifying and recruiting participants): £1000 * PPI costs: £2,220 * Laptop: £650 * Conference attendance: £600   TOTAL: £10,470 |
| Training and development provision by host: |
| *Formal training:* The training plan will be informed by an analysis of the academic needs of the PhD candidate carried out in the first month. Training will be directed towards helping the candidate develop as an independent researcher, as well as towards the needs of the PhD project. The formal taught postgraduate research training programme at the University of Southampton includes epidemiology, statistics, research governance and study design. Transferable skills courses are also offered including Good Clinical Practice, time management, leadership, grant writing, and presentation skills. The Fellow will also be able to access free on-line masterclasses developed by leaders in the SPCR on systematic reviews and meta-analysis, research governance, ethics, patient and public involvement and engagement. |
| *Informal training:* The PhD candidate will receive mentorship and training from the supervisors and from other collaborators in the project at the Centre for Ethnic Health Research and from Dr Emma Redman, Senior Clinical Research Dietitian and Honorary Senior Lecturer, University of Leicester and NIHR Diet and Activity Research Translation Collaboration. |
| *PPIE:* MW was asked to work on this topic by people in the community where he works as a GP. Specifically, patients with diabetes asked for some support to know which natural remedies were effective. In preparation for the project, MW held three public engagement meetings with seven T2DM patients from ethnically diverse groups. The Centre for Ethnic Health Research (CEHR) at the University of Leicester also carried out a public engagement discussion group. We are working with the CEHR, to further engage members of the south Asian community. This engagement will be used to inform all project activities. The CEHR aims to reduce health inequalities locally and nationally by working with patients, the public, community and voluntary sectors, researchers, and health and social organisations They have community-based research staff who engage with seldom heard communities and inspire community-led research.  We will form a PPI panel to inform all stages of the project, including materials for recruiting participants. We will hold regular meetings throughout the project, and the PhD student will be able to attend these and gather the views of PPI members on all aspects of the PhD project. |