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Research Inclusion Strategy template
(up to 1,500 words)

1. **Contact:** Please provide the name, email address and job / role title of the staff member coordinating your Research Inclusion Strategy
Prof Mala Rao, Research Inclusion Lead Dr Jakob Jonnerby, Research Inclusion Co-lead Prof Jackie Cassell, Health Inequalities Lead, Themes 1-3 Dr Kate Yorke, Health Inequalities Lead, Theme 4 Mr Samuel Evetts, HPRU Manager Prof Ajit Lalvani, HPRU Director Prof Richard Pebody, UKHSA Lead Dr Seran Hakki, Research Associate
2. **Governance:** Please outline where the Research Inclusion work sits in the governance structure and arrangements for the strategy
The HPRU in Respiratory Infections Research Inclusion (RI) is led by Prof Mala Rao (Director, Ethnicity and Health Unit & Senior Clinical Fellow, Department of Primary Care and Public Health, Imperial; Medical Adviser, NHS England on Workforce Race Equality), and Co-led by Dr Jakob Jonnerby (Research Associate). RI is a central pillar within the HPRU; successful implementation will be ensured by the RI Lead, HPRU Director, UKHSA Lead, HPRU Manager and all research Theme Leads. RI will be assessed by the HPRU Independent Scientific Advisory Board (including several lay members) and the HPRU Public Steering Committee (PSC) annually, comprising representatives from diverse underprivileged groups. Ad-hoc advise will be sought as required, for example, the PSC has reviewed this strategy and relevant feedback incorporated, maximising strategy effectiveness in underserved communities.

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3. Vision: In the context of the objectives of your overarching award, please clearly state your vision for equality, diversity and inclusion and how it supports the delivery of the NIHR Research Inclusion Strategy 2022-27.

NIHR's Research Inclusion Strategy 2022 – 2027 Theme's:
NIHR-RI-1: Become a more inclusive research institution
NIHR-RI-2: Widen access and participation for greater diversity and inclusion
NIHR-RI-3: Improve and invest in the NIHR talent pipeline
NIHR-RI-4: Embed evidence-led diversity and inclusion approaches
NIHR-RI-5: Collaborate with partners for impact and sustainability

These 5 NIHR Research Inclusion Strategy Theme's above inform our evidence-led diversity and inclusion approaches in all HPRU research Theme's:

HPRU Research Themes RI Strategies

RI is embedded across all four Research Themes. This will be achieved by a proactive approach in forming *research-ready communities.*

Theme-1: Pandemic Preparedness:
We will create and road-test an adaptable *Rapid Response Research Protocol for Emerging Respiratory Pathogens*. Recruiting individuals from areas of social deprivation (including, through PPIEP activities), care home residents (through partner organisations such as VIVALDI), who face higher risks of respiratory virus transmission and severe outcomes due to close living conditions (e.g., overcrowding), healthcare barriers, and increased exposure.

Key outcomes include 1. developing culturally appropriate, inclusive approaches to improve participation from vulnerable and disadvantaged populations; 2. using engagement feedback to iteratively improve study design and implementation; 3. fostering trust and collaboration with communities to ensure their voices are central to research and policymaking.

Theme-2: Surveillance & Analytics:
We will develop new methods to estimate respiratory winter viruses severity and transmissibility. With a focus on underserved groups, this Theme's research will support development of targeted interventions that protect public health, address critical data gaps, reduce burden of respiratory diseases for everyone, generate equitable public health policies, and improve healthcare accessibility.

We will use our experience of multigenerational households, care-home residents, migrants, underserved populations in London, Midlands, Greater Manchester/Bolton, including partnerships with local civil-society organisations, including the Bromley-by-Bow Centre, Doctors of the World, and Mosaic Community Trust to inform that our research on surveillance addresses health inequalities. We will also collaborate with NHS Trusts, refugee support organisations, and primary schools in areas of high deprivation, ensuring culturally sensitive engagement that informs research design, implementation, and dissemination, addressing health inequalities effectively.

Theme-3: Interventions:
This Theme focuses on improving how we use available tools, like vaccines, to fight respiratory viruses, especially in vulnerable groups, to improve delivery, monitoring impact, and increasing uptake of interventions, in particular the new maternal RSV vaccines.

We will focus on lower socioeconomic areas of central London, specifically ethnic minority demographic groups; those with historically low vaccine uptake. For effective engagement, we will collaborate with community champions, trusted leaders, established organisations like The Mosaic Community Trust or similar, to leverage their networks. We will host focus groups, listening sessions, or pop-ups in accessible locations e.g., community centres, public events in open spaces. We will tailor communication using culturally relevant materials, preferred languages, and channels like WhatsApp or local radio. Research feedback loops will build trust, promote inclusivity, and foster sustained, meaningful community involvement.

Key outcomes include, identifying and addressing data gaps by gathering community-specific insights, refinement of communication strategies, improving recruitment strategies through tailored, inclusive approaches particularly underserved populations, and equitable distribution of resources, ultimately maximizing the impact of interventions on health outcomes and societal value.

Theme-4: Tuberculosis:
Some groups are at higher risk of Tuberculosis (TB) and of potentially passing it to others if not swiftly diagnosed and treated. We will work with affected communities, employers and health care providers to improve TB prevention interventions, including:

- previous and existing TB patients, representing high risk groups including those in contact with asylum seekers.
- new entrant migrants from high TB burden countries coming to work in adult social care (ASC).
- ASC employers and/or overseas recruitment agencies
- Doctors-of-the-World UK; human rights organisation to conduct outreach, coordinate and facilitate formative research and engagement with intervention design.

We will seek to ensure that regional differences across England are encompassed to include urban centres and more rural, traditionally lower-TB burden areas but which are undergoing rapid demographic changes.

EDI Employment Practices

The RI strategy will prioritise culturally sensitive engagement and inclusive recruitment through training and diverse hiring practices. Leadership is accountable for implementing EDI strategies, with progress tracked via KPIs. Equitable access to research opportunities and a supportive, respectful culture will be ensured, alongside mandatory EDI training. Monitoring of workforce data and promoting work-life balance and accessibility will underpin transparency and inclusive practices. The HPRU in Respiratory Infections fully aligns with Imperial's EDI principles, here.

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4. Objectives: Please clearly state what your equality, diversity and inclusion objectives are for the term of the award. There should be a clear follow through from vision -> objectives -> actions. Please use the Excel sheet to provide further detail in the accompanying action plan.

For HPRU Staff & Students

Culturally Sensitive Engagement
Training of researchers in inclusive and culturally sensitive communication and recruitment practices.

Inclusive Recruitment and Progression
Promote diverse recruitment panels and fair processes that remove bias and increase representation across all grades and disciplines.

Leadership Accountability
HPRU leadership leaders will be responsible for effective RI/EDI strategy implementation; progress will be reporting against KPIs to NIHR.

Equity in Research Opportunities
Ensure equitable access to grants, authorship, leadership roles, and conference participation for all staff and students, irrespective of protected characteristics.

Supportive Research Culture
The HPRU will foster a respectful and inclusive culture by addressing bullying, harassment, and discrimination, with clear reporting and accountability systems.

Capacity Building and Training
Provide EDI mandatory training for all researchers and supervisors, with mandatory refresher course every 2 years.

Monitoring and Transparency
Collect EDI-related workforce data (e.g., gender, ethnicity) and data reported to NIHR on request. Address any inequalities.

Work-Life Balance and Accessibility
Promote flexible working, accessible research spaces, and policies that support the inclusion of disabled staff, carers and young parents.

For Research Participants

Equitable Access to Participation

Ensuring that research is designed to be accessible, including those from underserved or marginalised communities.

Inclusive Study Design
Embedding inclusion from the outset of research projects, ensuring representation across ethnicity, gender, disability, socio-economic background, age, and geographic location.

Ethical and Inclusive Consent Processes
- Research programmes involving recruitment of study participants have been approved through a research ethics committee.
- Design participant materials (e.g., consent forms) in accessible formats and multiple languages as needed.

Equitable outcomes
Sharing knowledge of research outcomes to all research participants and communities equitably, including knowledge of how their inclusion has benefited the research field.

Data Disaggregation Monitoring
Collect and analyse disaggregated demographic data to monitor who is participating and address underrepresentation.

Community Involvement and Co-production
Involve community representatives in designing and steering research to ensure relevance and accessibility.

5. Collaboration: Please give details of planned collaborative inclusion activities with other parts of NIHR Infrastructure, wider NIHR and other partners (including industry).

Nationwide HPRU Collaboration

We will support all Themes of the HPRU Network, including, working collaboratively with other HPRU's based in London, Birmingham, Oxford, Liverpool and Bristol, leveraging expertise in the fulfilment of scientific objectives.

Other NIHR Infrastructure

a. **NIHR Imperial BRC-funded Patient Experience Research Centre (PERC),** enhancing participation of underrepresented groups in research.
b. **NIHR Imperial BRC Genomics Facility,** providing sequencing platforms and analysis pipelines.
c. **NIHR Applied Research Collaboration (ARC) Northwest London**, (Director: HPRU ISAB member Prof Azeem Majeed) we share health informatics resources, Northwest London patient populations and processes for enhancing patient involvement in research.

d. **Ethnicity and Health Unit (EHU), embedded within the NIHR ARC Northwest London**, led by Prof Mala Rao, works with our local network of community-based organisations that support people from ethnically diverse backgrounds to participate in research. Our HPRU will work with the NIHR ARC Northwest London and EHU in their mission to create '*research-ready communities*' in socioeconomically deprived areas of Northwest London.

NHS partnerships

We will funnel clinical expertise into the HPRU community through our strong, geographically diverse NHS partnerships with senior clinical leaders in respiratory infections, based in London, Nottingham, Birmingham and Manchester.

UKHSA

Our HPRU has a strong, decade-long partnership with UKHSA. These close interactions include regular strategic planning meetings (including an *RI & Equity* standing item), shared Leadership, joint PhD student supervision, sharing laboratory resources, sharing of expertise including shared analysis of public health data to inform policy. UKHSA staff will hold Imperial College London honorary contracts, and visa versa, to ensure seamless collaboration between our two institutions.

Royal College of General Practitioner's (RCGP) Research Surveillance Centre (RSC), University of Oxford

We are extending our longstanding collaboration with the RCGP-RSC, enabling participant recruitment pathways for our pandemic-response cohort studies. RCGP-RSC will contribute participant recruitment pathways across geographically and demographically diverse populations (the network covers 19 million people), as well as sharing large-scale individual-level data for collaborative analysis with UKHSA.

Third-sector organisations

We have strategically partnered with organisations with deep operational experience of combating health inequality including *Doctors of the World* (DOTW) and the *Bromley-by-Bow Centre, London.* We are expanding our network of organisations to tackle inequality in marginalised migrants. We will also be collaborating with *VIVALDI-3* and its PI, Professor Shallcross (Director, UCL Institute of Health Informatics) will facilitate community cohort study and inform our pandemic preparedness protocol ensuring the needs of care home residents are considered in our research plans and outputs.