Conducting ethical research with correctional populations: Do researchers and IRB members know the federal regulations?
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Introduction
At the end of 2010, over 2 million adults were incarcerated in prison or local jail (Glaze, 2011). This large population brings to incarceration serious healthcare concerns, including HIV/AIDS. In 1997, 16% of individuals with AIDS and 17% of individuals with HIV passed through a US correctional facility (Hammett, Harmon, & Rhodes, 2002).

Incarcerated people who participate in biomedical or behavioral research are considered members of a vulnerable population (Protection of Human Subjects, 2006) because policies and procedures in the correctional environment restrict autonomy, which is the foundation for participation in research (Mollie, Henry, & Perron, 2007; Moore & Miller, 1999). The Institute of Medicine (2005) identified the value of research with correctional populations and emphasized the need for rigorous and constant oversight of such research.

Individuals who are incarcerated are at particular risk for coercion or exploitation, and, as such, there are specific federal policies designed to provide safeguards for incarcerated people participating in research. Conducting or overseeing research in correctional settings requires knowledge of the Office for Human Research Protections (OHRP) regulations to ensure the protection of vulnerable participants.

The purpose of this study was to examine the extent to which researchers and IRB members are familiar with the content of OHRP regulations for research involving individuals who are incarcerated.

Method
Participants
In a national survey of ethical challenges in the conduct and oversight of HIV/AIDS research, researchers and IRB members completed an online survey (overall 37.0% response rate), with 93.3% completing a portion of the survey. Approximately 76.0% were Caucasian and 8.0% African American. Most respondents (84.0%) had completed a master’s degree or beyond.

Respondents by professional group (N=885)

<table>
<thead>
<tr>
<th>Professional Group</th>
<th>N</th>
<th>Caucasian</th>
<th>African American</th>
</tr>
</thead>
<tbody>
<tr>
<td>IRB chairs and members who have reviewed correctional research</td>
<td>320</td>
<td>74.3%</td>
<td>69.1%</td>
</tr>
<tr>
<td>IRB chairs and members who have not reviewed correctional research</td>
<td>311</td>
<td>74.6%</td>
<td>69.9%</td>
</tr>
<tr>
<td>HIV/AIDS researchers who have had correctional research experience</td>
<td>105</td>
<td>79.1%</td>
<td>70.3%</td>
</tr>
<tr>
<td>HIV/AIDS researchers who have not had correctional research experience</td>
<td>145</td>
<td>77.3%</td>
<td>70.8%</td>
</tr>
<tr>
<td>IRB prisoner representatives</td>
<td>102</td>
<td>82.0%</td>
<td>82.0%</td>
</tr>
</tbody>
</table>

Table One

Knowledge score means by professional group

<table>
<thead>
<tr>
<th>Professional Group</th>
<th>Mean Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>IRB chair/member with correctional experience</td>
<td>82.0%</td>
</tr>
<tr>
<td>IRB chair/member without correctional experience</td>
<td>61.3%</td>
</tr>
<tr>
<td>HIV/AIDS researcher with correctional experience</td>
<td>60.9%</td>
</tr>
<tr>
<td>HIV/AIDS researcher without correctional experience</td>
<td>37.4%</td>
</tr>
<tr>
<td>IRB prisoner representatives</td>
<td>5.8%</td>
</tr>
</tbody>
</table>

Table Two

Results
Across all five professional groups, the mean correct score was 4.5 (SD=2.1) out of 10 (see Figure One).

Figure One

Knowledge score means by professional group

Results of the one-way ANOVA revealed a significant effect for professional group, F(4,881)=25.5, p<.001. Post hoc analyses revealed that knowledge scores for IRB prisoner representatives were significantly higher than knowledge scores for all other professional groups.

Table Two

Percentage of correct responses, by professional group

<table>
<thead>
<tr>
<th>Professional Group</th>
<th>HIV/AIDS researchers who have conducted correctional research</th>
<th>HIV/AIDS researchers who have not conducted correctional research</th>
<th>IRB chair/member with correctional experience</th>
<th>IRB chair/member without correctional experience</th>
<th>IRB prisoner representatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
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<td>61.3%</td>
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<td>37.4%</td>
<td>5.8%</td>
</tr>
</tbody>
</table>

Discussion

OHRP guidelines are essential to assure ethical practice in the conduct of research with correctional populations. Results indicated that individuals most in need of knowledge of OHRP regulations on prisoner-related research (i.e., IRB chair/member with correctional experience) did indeed score highest on the knowledge items. The lowest-scoring groups (i.e., IRB prisoner representatives, IRB chair/member who review HIV/AIDS correctional research, HIV/AIDS researchers who have not conducted correctional research) scored significantly lower than scores for HIV/AIDS researchers who had conducted correctional research.

Post hoc analyses revealed that knowledge scores for IRB prisoner representatives were significantly higher than knowledge scores for all other professional groups.

Table Two provides the percentage of correct responses to each of the 10 knowledge items, separated by professional group.

Figure One

Knowledge score means by professional group

Post hoc analyses revealed that knowledge scores for IRB prisoner representatives were significantly higher than knowledge scores for all other professional groups.

Future Research

This study is part of a larger study of ethical challenges in the conduct and oversight of HIV/AIDS research in correctional settings. Future studies could focus on the relationship between knowledge of federal guidelines and ethical principles and adoption of ethical practices in the conduct and oversight of HIV/AIDS research in a variety of settings. As this research focused on HIV/AIDS researchers and IRBs that have overseen HIV/AIDS research, future research needs to explore this topic with other types of researchers and IRBs as participants. Future research may also help determine the psychometric properties of the knowledge instrument developed for this study.

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For more information
Center for Behavioral Health Research and Services: http://www.uaa.alaska.edu/cbhrs

References


