TRIAL FORGE

STRIDE

SupporTing Recruitment & retention Improvements for Diverse Ethnicities

Design considerations for including diverse ethnic groups in dental trials

This document summarises findings from the INCLUDE Ethnicity Frameworks completed for the STRIDE project. The identified challenges have been organised into the five main Office for National Statistics ethnicity categories: White, Mixed/Multiple ethnic groups, Asian/Asian British, Black/African/Caribbean/Black British, and Other ethnic groups. The intention is to support trial teams working in cancer, cardiovascular diseases, diabetes, maternal and infant health, mental health, smoking cessation, COVID, surgery, and dental health. By consulting these summaries, teams can quickly see the key challenges they may need to consider when designing inclusive trials and enabling participation from people across diverse ethnic backgrounds. Where a challenge is relevant to more than one ethnic group, it appears under each applicable heading. The challenges span factors such as cultural beliefs, practical concerns, and aspects of trial design.

White

iQuaD (periodontal disease prevention)	
Trial registration document	
INCLUDE Framework	
Challenges	
Only reported in White participants	• White adults are more likely to have no natural teeth or 1-9 natural teeth compared to Indian, Pakistani/Bangladeshi or Black adults, and are also more likely to have fillings (88% compared to 61-62% for other ethnic groups) or dentures (White 23.7%, Indian 7%, Pakistani/Bangladeshi 6%, Black 18%) (Arora et al., 2016).

Mixed/Multiple ethnic groups

iQuaD (periodontal disease prevention)	
Trial registration document	
INCLUDE Framework	
Challenges	
Reported across several ethnic backgrounds	• The oral health of non-White British groups may be better, despite reduced use of dental healthcare services (Arora et al., 2016). • Severity of the disease may differ based on access to dental care services. There is evidence to suggest that there are several barriers in place for Black and minority ethnic groups: language, a mistrust of dentists, organisational issues for those in large families, cost, anxiety, and cultural issues. • Generally, trials are known to lack diversity – much of this may be down to lack of trust in the medical and research systems due to historical abuse and exploitation of Black and minority ethnic populations. • A higher proportion of White adults (52%) visit the dentist twice a year or more frequently compared to Indian (32%), Pakistani/Bangladeshi (33%) or Black (38%) adults (Arora et al., 2016). • Getting to the dentist can be an issue for a variety of reasons including – poor transport links, the timing and length of visits, financial reasons. Many of these factors disproportionately impact people from poor socioeconomic backgrounds, which often includes ethnic minority groups.

Asian/Asian British

iQuaD (periodontal disease prevention)	
Trial registration document	
INCLUDE Framework	
Challenges	
Reported across several ethnic backgrounds	• The oral health of non-White British groups may be better, despite reduced use of dental healthcare services (Arora et al., 2016). • Severity of the disease may differ based on access to dental care services. There is evidence to suggest that there are several barriers in place for Black and minority ethnic groups: language, a mistrust of dentists, organisational issues for those in large families, cost, anxiety, and cultural issues. • Generally, trials are known to lack diversity – much of this may be down to lack of trust in the medical and research systems due to historical abuse and exploitation of Black and minority ethnic populations. • A higher proportion of White adults (52%) visit the dentist twice a year or more frequently compared to Indian (32%), Pakistani/Bangladeshi (33%) or Black (38%) adults (Arora et al., 2016). • Getting to the dentist can be an issue for a variety of reasons including – poor transport links, the timing and length of visits, financial reasons. Many of these factors disproportionately impact people from poor socioeconomic backgrounds, which often includes ethnic minority groups.
Only reported in Asian/Asian British participants	• Some Pakistani women prefer to see a female dentist, but if they have to see a male dentist, they prefer an indigenous person (Mullen et al., 2007). • Chinese participants report communication problems and a preference for dentists from the same ethnic background (Mullen et al., 2007). • Language is an issue for some Pakistani and Indian participants and they have to accompany their elders to the dentist in order to translate (Mullen et al., 2007). • South Asians attend routine dental clinic visits less frequently, and tend to only attend the dentist if they suffer symptoms (Arora et al., 2016). • South Asian women, particularly older women, are known to make decisions about their healthcare in consultation with members of their family, involvement of family members in the consent process should therefore be considered (Grewal et al., 2005).

Black/African/Caribbean/Black British

iQuaD (periodontal disease prevention)	
Trial registration document	
INCLUDE Framework	
Challenges	
Reported across several ethnic backgrounds	• The oral health of non-White British groups may be better, despite reduced use of dental healthcare services (Arora et al., 2016). • Severity of the disease may differ based on access to dental care services. There is evidence to suggest that there are several barriers in place for Black and minority ethnic groups: language, a mistrust of dentists, organisational issues for those in large families, cost, anxiety, and cultural issues. • Generally, trials are known to lack diversity – much of this may be down to lack of trust in the medical and research systems due to historical abuse and exploitation of Black and minority ethnic populations. • A higher proportion of White adults (52%) visit the dentist twice a year or more frequently compared to Indian (32%), Pakistani/Bangladeshi (33%) or Black (38%) adults (Arora et al., 2016). • Getting to the dentist can be an issue for a variety of reasons including – poor transport links, the timing and length of visits, financial reasons. Many of these factors disproportionately impact people from poor socioeconomic backgrounds, which often includes ethnic minority groups.
Only reported in Black/ African/ Caribbean/ Black British participants	• Black patients attend routine dental visits less frequently (Arora et al., 2016).

Other ethnic groups

iQuaD (periodontal disease prevention)	
Trial registration document	
INCLUDE Framework	
Challenges	
Reported across several ethnic backgrounds	• The oral health of non-White British groups may be better, despite reduced use of dental healthcare services (Arora et al., 2016). • Severity of the disease may differ based on access to dental care services. There is evidence to suggest that there are several barriers in place for Black and minority ethnic groups: language, a mistrust of dentists, organisational issues for those in large families, cost, anxiety, and cultural issues. • Generally, trials are known to lack diversity – much of this may be down to lack of trust in the medical and research systems due to historical abuse and exploitation of Black and minority ethnic populations. • A higher proportion of White adults (52%) visit the dentist twice a year or more frequently compared to Indian (32%), Pakistani/Bangladeshi (33%) or Black (38%) adults (Arora et al., 2016). • Getting to the dentist can be an issue for a variety of reasons including – poor transport links, the timing and length of visits, financial reasons. Many of these factors disproportionately impact people from poor socioeconomic backgrounds, which often includes ethnic minority groups.

References

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