



TRIAL FORGE

STRIDE 

Supporting Recruitment & retention
Improvements for Diverse Ethnicities

Design considerations for including diverse ethnic groups in smoking cessation 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.

Mixed/Multiple ethnic groups

Smoking cessation trial	
Trial registration document	
INCLUDE Framework	
Challenges	
Reported across several ethnic backgrounds	<ul style="list-style-type: none"> • Ethnic minorities living in Britain are at higher risk of a number of smoking related diseases (Action on Smoking and Health, 2019). • The way tobacco is smoked may also vary by ethnic group, with e.g. shisha pipes being used much more by Mixed/Middle eastern groups than White groups. Some ethnic minorities are substantially more likely to use smokeless tobacco, in particular, South Asian Britons (Action on Smoking and Health, 2019). • Ethnic minority individuals represent around 10% of Stop Smoking Service users who stated their ethnicity. This puts a ceiling (without active oversampling) on the proportion of trial participants who could come from ethnic minorities (NHS England, 2021). • Smoking cessation could exclude an individual from fully participating in their culture or potentially challenge their family, personal or community relationships. • Language and cultural differences are barriers that impact all minority groups – with fluency in English requirements for trial participation excluding ethnic minority individuals. Translation of written and oral material into some languages other than English is likely to be important. Language and literacy factors are also known factors that impact on overall health literacy (Claydon et al., 2023). • The need for participants to buy their own smoking replacements is likely to disadvantage those with low incomes which affects some ethnic groups more than others (UK Government, 2022). • Any recruitment path that relies on recruiter discretion is open to discrimination, conscious or unconscious.
Only reported in Mixed/Multiple ethnic group participants	<ul style="list-style-type: none"> • Data from Action on Smoking and Health (ASH) suggests that people from Mixed ethnic groups smoke most (Action on Smoking and Health, 2019).

Asian/Asian British

Smoking cessation trial	
Trial registration document	
INCLUDE Framework	
Challenges	
Reported across several ethnic backgrounds	<ul style="list-style-type: none"> • Ethnic minorities living in Britain are at higher risk of a number of smoking related diseases (Action on Smoking and Health, 2019). • The way tobacco is smoked may also vary by ethnic group, with e.g. shisha pipes being used much more by Mixed/Middle eastern groups than White groups. Some ethnic minorities are substantially more likely to use smokeless tobacco, in particular, South Asian Britons (Action on Smoking and Health, 2019). • Ethnic minority individuals represent around 10% of Stop Smoking Service users who stated their ethnicity. This puts a ceiling (without active oversampling) on the proportion of trial participants who could come from ethnic minorities (NHS England, 2021). • Smoking cessation could exclude an individual from fully participating in their culture or potentially challenge their family, personal or community relationships. • Language and cultural differences are barriers that impact all minority groups – with fluency in English requirements for trial participation excluding ethnic minority individuals. Translation of written and oral material into some languages other than English is likely to be important. Language and literacy factors are also known factors that impact on overall health literacy (Claydon et al., 2023). • The need for participants to buy their own smoking replacements is likely to disadvantage those with low incomes which affects some ethnic groups more than others (UK Government, 2022). • Any recruitment path that relies on recruiter discretion is open to discrimination, conscious or unconscious.
Only reported in Asian/Asian British participants	<ul style="list-style-type: none"> • Smoking among men is seen not only as socially acceptable, but as deeply socially ingrained among Bangladeshi men. More investment is needed in providing and evaluating culturally sensitive smoking cessation services for South Asian people (Twyman et al., 2014). • Many South Asian people are unwilling to participate in trials because they accept their illness as an unalterable punishment from God, or have a fear of what research entails (Choudhury et al., 2008). • South Asians are often explicitly excluded from research due to perceived cultural and communication difficulties (Khunti et al., 2009). • Material targeting the individual is a strategy that works from a White ethnic group perspective but may be less effective in South Asians (who tend to have more of a sense of community, so appeals to community may be useful). • Online may be difficult for those of all ethnic groups who don't have internet access at home, or who are not computer literate. UK data suggest that internet access by 65-74 is 20% lower for Asians (around 65%) than for White British population (UK Government, 2019). • South Asian women, especially older women, typically involve family members in healthcare decisions, highlighting the need to consider family participation in the consent process (Grewal, Bottorff, & Hilton, 2005).

Black/African/Caribbean/Black British

Smoking cessation trial	
Trial registration document	
INCLUDE Framework	
Challenges	
Reported across several ethnic backgrounds	<ul style="list-style-type: none"> • Ethnic minorities living in Britain are at higher risk of a number of smoking related diseases (Action on Smoking and Health, 2019). • The way tobacco is smoked may also vary by ethnic group, with e.g. shisha pipes being used much more by Mixed/Middle eastern groups than White groups. Some ethnic minorities are substantially more likely to use smokeless tobacco, in particular, South Asian Britons (Action on Smoking and Health, 2019). • Ethnic minority individuals represent around 10% of Stop Smoking Service users who stated their ethnicity. This puts a ceiling (without active oversampling) on the proportion of trial participants who could come from ethnic minorities (NHS England, 2021). • Smoking cessation could exclude an individual from fully participating in their culture or potentially challenge their family, personal or community relationships. • Language and cultural differences are barriers that impact all minority groups – with fluency in English requirements for trial participation excluding ethnic minority individuals. Translation of written and oral material into some languages other than English is likely to be important. Language and literacy factors are also known factors that impact on overall health literacy (Claydon et al., 2023). • The need for participants to buy their own smoking replacements is likely to disadvantage those with low incomes which affects some ethnic groups more than others (UK Government, 2022). • Any recruitment path that relies on recruiter discretion is open to discrimination, conscious or unconscious.
Only reported in Black/African/Caribbean/Black British participants	<ul style="list-style-type: none"> • A mistrust of research is common among many ethnic minority individuals, especially Black people, in large part because of examples of unethical/racist research practice in the past. • Material targeting the individual is a strategy that works from a White ethnic group perspective but may be less effective for Black individuals, where appeals to family may be more useful.

Other ethnic groups

Smoking cessation trial	
Trial registration document	
INCLUDE Framework	
Challenges	
Reported across several ethnic backgrounds	<ul style="list-style-type: none"> • Ethnic minorities living in Britain are at higher risk of a number of smoking related diseases (Action on Smoking and Health, 2019). • The way tobacco is smoked may also vary by ethnic group, with e.g. shisha pipes being used much more by Mixed/Middle eastern groups than White groups. Some ethnic minorities are substantially more likely to use smokeless tobacco, in particular, South Asian Britons (Action on Smoking and Health, 2019). • Ethnic minority individuals represent around 10% of Stop Smoking Service users who stated their ethnicity. This puts a ceiling (without active oversampling) on the proportion of trial participants who could come from ethnic minorities (NHS England, 2021). • Smoking cessation could exclude an individual from fully participating in their culture or potentially challenge their family, personal or community relationships. • Language and cultural differences are barriers that impact all minority groups – with fluency in English requirements for trial participation excluding ethnic minority individuals. Translation of written and oral material into some languages other than English is likely to be important. Language and literacy factors are also known factors that impact on overall health literacy (Claydon et al., 2023). • The need for participants to buy their own smoking replacements is likely to disadvantage those with low incomes which affects some ethnic groups more than others (UK Government, 2022). • Any recruitment path that relies on recruiter discretion is open to discrimination, conscious or unconscious.
Only reported in Other ethnic group participants	<ul style="list-style-type: none"> • Other ethnic groups are generally more likely to smoke than White ethnic groups (Action on Smoking and Health, 2019).

References

- Action on Smoking and Health. (2019). Tobacco and Ethnic Minorities. https://ash.org.uk/uploads/ASH-Factsheet_Ethnic-Minorities-Final-Final.pdf?
- Choudhury, S., Brophy, S., Fareedi, M., Zaman, B., Ahmed, P., & Williams, D. (2008). Intervention, recruitment and evaluation challenges in the Bangladeshi community: Experience from a peer lead educational course. *BMC Medical Research Methodology*, 8(1). <https://doi.org/10.1186/1471-2288-8-64>
- Claydon, A., Campbell-Richards, D., & Hill, M. (2023). Living with diabetes: A qualitative review of minority ethnic groups in a deprived London borough. *Pcdsociety.org, Journal of Diabetes Nursing*(17), 95–100. <https://www.pcdsociety.org/resources/details/living-with-diabetes-a-qualitative-review-of-minority-ethnic-groups-in-a-deprived-london-borough>
- Grewal, S., Bottorff, J. L., & Hilton, B. A. (2005). The Influence of Family on Immigrant South Asian Women's Health. *Journal of Family Nursing*, 11(3), 242–263. <https://doi.org/10.1177/1074840705278622>
- Khunti, K., Kumar, S., & Brodie, J. (2009). Diabetes UK and South Asian Health Foundation recommendations on diabetes research priorities for British South Asians South Asian Health Foundation. https://www.diabetes.org.uk/resources-s3/2017-11/south_asian_report.pdf
- NHS England. (2021). Statistics on NHS Stop Smoking Services in England April 2020 to September 2020 - Data tables. NHS Digital. <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-nhs-stop-smoking-services-in-england/april-2020-to-december-2020/datasets>
- Twyman, L., Bonevski, B., Paul, C., & Bryant, J. (2014). Perceived barriers to smoking cessation in selected vulnerable groups: a systematic review of the qualitative and quantitative literature. *BMJ Open*, 4(12), e006414. <https://doi.org/10.1136/bmjopen-2014-006414>
- UK Government. (2019). Internet use. [Www.ethnicity-Facts-Figures.service.gov.uk. https://www.ethnicity-facts-figures.service.gov.uk/culture-and-community/digital/internet-use/latest/#by-ethnicity-and-age-group](https://www.ethnicity-facts-figures.service.gov.uk/culture-and-community/digital/internet-use/latest/#by-ethnicity-and-age-group)
- UK Government. (2022). Household income. [Www.ethnicity-Facts-Figures.service.gov.uk. https://www.ethnicity-facts-figures.service.gov.uk/work-pay-and-benefits/pay-and-income/household-income/latest/](https://www.ethnicity-facts-figures.service.gov.uk/work-pay-and-benefits/pay-and-income/household-income/latest/)