

Statement of Intent: To decolonise research activities and address inequalities in EMDR research

Inclusion of Under-Served Groups in Clinical Research

The term "under-served" has been adopted in various contexts, including healthcare and social services, to highlight and draw attention to populations that have limited access to resources, opportunities, or essential services. The term is used to describe groups of people who, for various reasons, face barriers that prevent them from fully benefiting from available services or participating in certain activities.

1. Why it is important to include under-served groups in clinical research:

The desire to include under-served groups in clinical research is rooted in the commitment to achieving equitable healthcare outcomes for all individuals. By incorporating diverse populations in research studies, we not only enhance the generalisability and relevance of findings but also address health disparities that may exist within under-represented communities. This inclusivity promotes a comprehensive understanding of health conditions, treatment responses, and interventions across various demographic groups, ultimately contributing to more effective and personalised healthcare strategies.

2. Examples of under-served groups:

Under-served groups encompass a broad spectrum, including but not limited to ethnic and racial minorities, individuals with low socioeconomic status, LGBTQ+ communities, elderly populations, and those with visible and invisible disabilities. Recognising and actively engaging with these diverse groups ensures that research outcomes are reflective of the entire population and avoids perpetuating health inequalities that contribute to the continuing marginalisation of under-served groups.

3. Example barriers to inclusion of under-served groups:

Socioeconomic factors, cultural disparities, language barriers, lack of awareness accessibility and historical mistrust of the research process are common hurdles. Addressing these barriers requires strategic planning, community engagement, and the implementation of culturally sensitive and attuned approaches to foster trust and participation.

4. Questions to guide research teams in designing inclusive research:

- a. How does the study design account for the diversity within the target population?
- b. What measures are in place to ensure cultural sensitivity and attunement in recruitment, informed consent, and data collection processes?
- c. How will the research team actively engage with under-served communities to address potential barriers and build trust?

d. In what ways can the study outcomes be applied to diverse populations, and what efforts are being made to enhance generalisability?

5. Questions to guide funders and reviewers in assessing inclusiveness of research:

- a. How does the research proposal explicitly address the inclusion of under-served groups, and is this consideration integrated into the study design?
- b. What strategies are proposed to mitigate potential barriers and biases related to the inclusion of under-served populations?
- c. Is there evidence of community involvement and collaboration in the planning and execution of the research?
- d. How does the research team plan to disseminate findings in a way that is accessible and meaningful to diverse communities?

6. Questions to aid in identifying author positionality and unconscious bias

- a. What social identities—race, gender, sexual orientation, age, social class, religion, ability and so on—do I identify with and how significant is each identity to how I write/teach/research?
- b. What type of training and experiences do I have? How have they shaped who I am professionally, and how might they impact how I view the research question and design?
- c. Where do I know from? How was my discipline developed? What role did my discipline play in reifying dominant ideologies or worldviews? What role do I play in this work? In what ways do I challenge or divest from some of these practices? Why or why not?
- d. What elements of my identity, experiences, and worldviews shape my research?

We recognise our ethical obligations as researchers, commissioners and funders of research. By conscientiously addressing these questions, we commit to fostering a research environment that is truly inclusive, representative, and considerate of the unique healthcare needs and experiences of under-served groups. This commitment aligns with the NIHR guidance from the INCLUDE Project and exemplifies our dedication to advancing healthcare equity through rigorous and inclusive clinical research.