

## Checklist for Reporting of Race/Racialization, Ethnicity, and Culture (REC) Data<sup>a</sup>

### (for Regular Articles and Brief Reports With Participant- or Population-Level Data)

This checklist facilitates review of mental health research articles that include participant- or population-level data (qualitative or quantitative, including administrative data sets) with respect to the definition and description of factors related to race/racialization, ethnicity, and culture (REC).

The goal of this REC review is to enhance systematic reporting of data that can guide strategies to eliminate disparities and promote equity in health and health care. This review does not require the inclusion of REC-related factors when they are not pertinent to the research topic nor does it seek to promote examining these factors in isolation from other social factors such as gender or socioeconomic class.

Research examining mental health services, service inequities, and strategies for improving service delivery can benefit from a comprehensive, critical approach to collecting, analyzing, and reporting REC-related findings. This approach requires describing REC-related aspects of the study rationale, design, sampling, data collection, data analysis, and interpretation of results. The need for REC reporting guidelines has been repeatedly noted, and *Psychiatric Services* has made this process a priority (see Editorial and Information for Contributors).

Please review your manuscript prior to submission and consider how you are addressing the checklist items. To facilitate the manuscript review process, please answer each item yes, no, or not applicable (NA), following the instructions for each item. Comments are optional. For any responses you might like to clarify, please do so in the comments sections provided after sets of items.

**Note:** *Psychiatric Services* is testing the feasibility and utility of this tool in the submission and review process. There is no target score. Use your best judgment in answering the questions.

Feedback on the checklist is welcome at [PSCentral@psych.org](mailto:PSCentral@psych.org) (subject: REC checklist).

#### General Use of Terms

- 1. Does the manuscript include one or more terms related to race/racialization, ethnicity, and culture (REC) in the article text? (Yes/No)**
- 2. Does the manuscript include one or more REC-related terms in the title, abstract, or keywords? (Yes/No)**
- 3. Does the manuscript provide a definition of the REC-related term(s) used in the article? (Yes/No)**

Items 1–3 concern the inclusion of REC-related concepts in the manuscript. REC-related terms may include descriptors of individuals, families, or groups, with recognition that these terms, including the concept of race itself, are socially constructed and contextually interpreted. Examples include terms involving *race/racialization*, *ethnicity*, and *culture*; national origin (e.g., *Japanese*); geographic region (e.g., *Western*); language (e.g., *Spanish*); or nativity status (e.g., *migrant*). REC-related terms may also reference social processes and systemic concepts such as

*racism, cultural humility, minority/minoritized, and underrepresented.* Explicit definitions are important for clarity; for example, terms describing populations may reference national origin (e.g., “Ashkenazi origins included Europe, the Americas, Australia, South Africa...”), method of ascertainment (e.g., “we used the 2000 Census categories”), open-ended self-definition (e.g., “we defined cultural background by participant’s self-report based on an open-ended question”), ancestry-related claims (e.g., “descent as native Western European population”), or other definitions. If the REC-related terms refer to abstract constructs or concepts (e.g., *structural racism, cultural competence, acculturative stress*), definitions should also be provided. Disparity-reduction efforts rely on data assessing the availability and differential impact of mental health services across populations that are defined using these terms. Use of REC terms in the title, abstract, or keywords indicates they are central to the manuscript content. However, REC-related terms may occur in articles where they are not the main focus. REC-related factors may not be relevant to every article.

COMMENT FOR ITEMS 1–3:

### **Introduction Section/Rationale**

#### **4. Does the manuscript use REC-related terms in presenting the background literature, study question, or study design? (Yes/No)**

Item 4 examines whether the article considers how REC-related factors contribute to the study topic, including how they are addressed in the background, review of literature, research questions, and/or design of the study. REC-related factors influence health care policy; the organization of health care programs; structural risk factors for mental health need; access to services by individuals, families, or communities; the quality of care delivered; and the resulting outcomes of service use. The impact of these REC-related factors often must be considered in their intersection with other social factors, such as gender and socioeconomic status.

COMMENT FOR ITEM 4:

### **Methods Section/Study Sample**

#### **5. Does the manuscript include REC-related factors in the sampling procedure? (Yes/No)**

#### **6. Does the manuscript describe the sample in terms of REC characteristics? (Yes/No)**

#### **7. Does the manuscript describe the method used to assess REC characteristics of participants? (Yes/No)**

Items 5–7 address selection and reporting of the study sample. The REC-related diversity of the sample should be appropriate for the study aims; this includes selecting an adequate sampling method and describing the resulting REC diversity of the sample and the methods used to ascertain it. International initiatives support reporting of population subgroup-level data to identify health care inequities. Some studies may focus on specific populations by purposively recruiting only certain REC-defined groups or subgroups, by stratifying the sample, or by oversampling. Reporting of REC-related factors applies to the full sample as well as the analytic sample (if different) and should describe how the REC characteristics of participants were

assessed (e.g., self-report, place of birth, client information systems identifiers).

COMMENT FOR ITEMS 5–7:

### **Methods Section/Data Collection (Interpersonal Communication)**

- 8. Does the manuscript specify the language proficiency of participants? (Yes/No/NA)**
- 9. Does the manuscript discuss the relevance of the language characteristics of interviewers and participants? (Yes/No/NA)**
- 10. Does the manuscript discuss the relevance of the REC characteristics of interviewers and participants? (Yes/No/NA)**

Items 8–10 focus on the interpersonal-communication aspect of data collection (e.g., participant interviews). The REC and language characteristics of interviewers and participants, including their degree of match or concordance and their social power differential, may affect interpersonal communication and the reliability and validity of data collection (e.g., interviewer implicit biases; impact of past discrimination on participant engagement). Specifying the language proficiency of study participants is important for clarifying the adequacy of the method of data collection. It is also valuable to consider whether data collection is affected by matches or mismatches in REC characteristics between interviewers and participants.

**Note:** The answer to items 8–10 may be “not applicable” (NA) if the study does not involve interactions between interviewers/research staff and participants (e.g., archival research, data from death registry or medical records review).

COMMENT FOR ITEMS 8–10:

### **Methods Section/Instrument Translation and Psychometrics**

- 11. Does the manuscript address the language match between participants and instruments? (Yes/No/NA)**
- 12. Does the manuscript describe the psychometric adequacy of the instruments for all REC-defined groups in the study? (Yes/No/NA)**

Items 11 and 12 focus on the translation and psychometrics of study instruments. The linguistic and psychometric characteristics of the research instruments should be appropriate for all study participants. For item 11, do the participants have sufficient reading proficiency in the language in which the instruments were originally created? If not, are the instrument translation and adaptation methods adequately described? For item 12, are the psychometric properties of the instruments (e.g., reliability) reported for the various REC-defined populations in the study? Are these instrument properties reported for the translated or adapted versions?

**Note:** The answer to these questions may be “not applicable” (NA) if the study does not involve the use of instruments or does not include participants from whom data could be collected

directly (e.g., death registries, records reviews).

COMMENT FOR ITEMS 11–12:

### **Results Section/Data Analysis**

**13. Does the manuscript report the associations between REC-related factors and study outcome(s)? (Yes/No/NA)**

**14. Does the manuscript include REC-related factors in the data analysis? (Yes/No)**

Items 13 and 14 focus on whether the data analysis considers REC-related issues. Systematic analysis of REC-related variables depends on their relevance to the research topic, questions, or hypotheses. REC-related factors may be key analytic variables when the article focuses on the relationship between REC-related independent variables and outcome variables (e.g., association between ethnicity and service access) or when the dependent variables are REC related (e.g., clinician implicit bias). Alternatively, quantitative REC-related factors may be included in data analysis as effect modifiers (e.g., moderators), interaction terms, mediators, or potential confounders. Qualitative analyses may include REC-related factors as contextual elements.

COMMENT FOR ITEMS 13–14:

### **Discussion and Conclusions Sections**

**15. Does the manuscript discuss REC factors in data interpretation? (Yes/No)**

**16. Does the manuscript discuss study limitations in assessing and addressing REC issues? (Yes/No)**

Items 15 and 16 focus on whether the Discussion attends to REC-related issues. Item 15 includes discussion of REC-related aspects of the findings that are relevant to the research topic; implications of REC-focused findings for service organization, clinical practice, or health care policy; potential strategies to reduce REC-related health or health care disparities; or next research steps focused on REC. Item 16 asks whether study limitations include attention to REC-related factors, such as shortcomings in the use of REC terms and constructs, the representativeness of the sample with respect to REC-defined characteristics, or how the lack of attention to REC-related factors may affect internal or external validity, credibility, or transferability of the findings.

COMMENT FOR ITEMS 15–16:

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<sup>a</sup>Adapted with permission from Appendix A of "GAP-REACH: A Checklist to Assess Comprehensive Reporting of Race, Ethnicity, and Culture in Psychiatric Publications" by Roberto Lewis-Fernández, Greer Raggio, Magdaliz Gorritz, et al. (J Nerv Ment Dis 2013; 201:860-871). Copyright © 2013, Wolters Kluwer Health, Inc.

Feedback on the checklist is welcome (might it be useful in your future work? in what ways

could it be improved?). Write to [PSCentral@psych.org](mailto:PSCentral@psych.org) (subject: REC checklist).