

Tackling racial and ethnic bias when translating research into policy: The editor's perspective

8th World Conference on Research Integrity
Athens, Greece
5th June, 2024

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Why does tackling racial and ethnic bias matter?

Deep structural biases in the research, publishing and healthcare ecosystem can systematically disadvantage certain racial and ethnic groups, adversely affecting research integrity and its translation to policy.

Tackling racism can:

- Reduce bias
- Increase equity
- Enable innovation, relevance and implementation
- Ultimately improve health outcomes

What can editors and publishers do?

1. Recognise and dismantle barriers that exclude marginalised groups from participation
2. Increase their opportunities to participate
3. Listen, & amplify their voices in truth telling
4. Advocate for and celebrate diversity

1. Recognise and dismantle barriers



Joint commitment for action on inclusion and diversity in publishing

Collective action to make things better, together

Meet the steering committee →

See all of our inclusion and diversity work →

Policy, evidence and campaigns

Chemical waste and pollution

Discovery, research and innovation



The Royal Society of Chemistry has brought together 56 publishing organisations to set a new standard to ensure a more inclusive and diverse culture within scholarly publishing.

As a group with journal portfolios in excess of 15,000, we acknowledge that biases exist in scholarly publishing and we commit to scrutinising our own processes to minimise these. We will pool our resources, expertise and insight to accelerate research culture change.

THE LANCET



1. Recognise and dismantle barriers

Our list of minimum standards

1. Ensure inclusion and diversity are integrated into publishing activities and strategic planning.

2. Work to understand the demographic diversity of authors, editorial decision makers and reviewers, such as gender, geography and ethnicity data.

3. Ensure that all under-represented communities experience and take actions to address them.

4. Define and communicate the specific responsibilities authors, editorial decision makers, reviewers and staff members have towards inclusion and diversity.

5. Review and revise as appropriate the appointment process to ensure the widest talent pool possible.

6. Publicly report on progress on inclusion and diversity in



1. Recognise and dismantle barriers

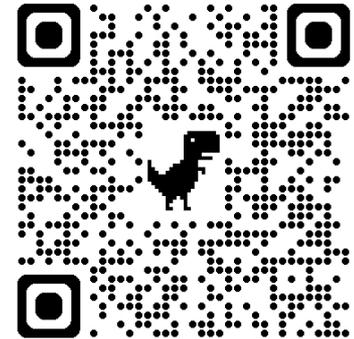
Contributors: all Editorial Manager users (authors, reviewers, editors)

September 2022 to April 2024

123,921 responses for The Lancet Group

22,267 responses for The Lancet

	The Lancet Group	
Woman	35.9%	
Man	54.1%	
Non-Binary or Gender Diverse	1.8%	
Prefer not to disclose	8.2%	



<https://www.thelancet.com/equity-diversity-inclusion/commitments>

The Lancet Group**Western Europe** 32.3%**Eastern Europe** 5.4%**North Africa** 1.2%**Sub-Saharan Africa** 3.8%**West Asia/Middle East** 3.3%**South and Southeast Asia** 12.4%**East and Central Asia** 24.7%**Pacific/Oceania** 1.5%**North America** 4.1%**Central America and Caribbean** 1.3%**South America** 3.7%**Self Describe** 1.3%**Prefer not to disclose** 11.8%

<https://www.thelancet.com/equity-diversity-inclusion/commitments>

	The Lancet Group	The Lancet
Self reported race		
Asian or Pacific Islander	35.5%	33.6%
Black	3.8%	3.6%
Hispanic or Latino/a/x	4.3%	3.4%
Indigenous	0.5%	0.4%
Middle Eastern or North African	3.1%	3.7%
White	39.0%	41.3%
Prefer not to disclose	14.6%	14.5%
Self Describe	1.9%	2.1%

<https://www.thelancet.com/equity-diversity-inclusion/commitments>

2. Increase opportunities to participate, 3. Listen, and amplify voices in truth telling

Joint Commitment 1st minimum standard: “Ensure inclusion and diversity are integrated into publishing activities and strategic planning”

- Authors
- Reviewers
- Reporting
- Training and support
- Post-publication eg media and communications
- Workforce

The Lancet Group's new guidance to authors on reporting race and ethnicity

Mabel Chew [✉](#) • Diana Samuel • on behalf of The Lancet Group for Racial Equity (GRaCE) [†](#) • Zoë Mullan • Sabine Kleinert • [Show footnotes](#)

Published: June 01, 2024 • DOI: [https://doi.org/10.1016/S0140-6736\(24\)01081-X](https://doi.org/10.1016/S0140-6736(24)01081-X) • [Check for updates](#)

Reporting on race and ethnicity

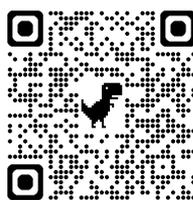
We encourage researchers to include people from minoritised racial or ethnic populations as participants, and to plan to report and analyse data by race, ethnicity, or both. Disaggregating these data can help to uncover health inequities. In the Methods section, please explain the definitions, categories, or conceptual framework used and how they were assigned (eg, self-report, census or registry data). If specific data on race or ethnicity were not collected, analysed, or reported, it would be useful to give the reasons for this if possible.

Furthermore, for research specifically involving groups that have historically been marginalised, how have researchers prioritised community engagement and self-determination in the research process? For research involving Indigenous peoples, a possible tool to help you report this is the [CONSIDER statement](#).

In the Discussion section, please discuss the representativeness of the study population, to help readers assess the applicability of the findings to their setting.

Because race is a sociocultural construct, not a fixed biological trait, we ask authors to avoid use of race-based reference ranges and algorithms. For all manuscripts, any discussion of data in relation to race, ethnicity, or both should consider the wider context of socioeconomic, historical, and other structural drivers, for which race or ethnicity might be surrogate measures. We ask authors to qualify race-based associations drawn from observational data by discussing the potential limitations of such data and the possible role of unmeasured confounders. Such explanation can reduce the potential for harm from simplistic attributions to race.

We also ask authors to consider a [strengths-based approach](#) rather than a deficit discourse, when discussing findings related to race and ethnicity. For instance, discuss how findings might promote health and wellbeing, rather than focusing on problems.



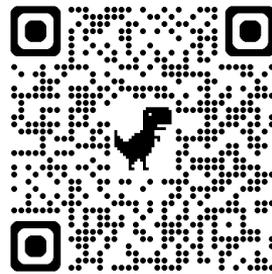
The Lancet Group's new guidance to authors on reporting race and ethnicity

Developed iteratively after consultation with The Lancet's Group for Racial Equity (GRacE), GRacE's external Racial Equity Advisory Board, other international experts, and editorial colleagues across The Lancet Group.

Encourage authors to:

- Diversify study populations
- Disaggregate race and ethnicity data, explain definitions used (or give reasons, if data not collected)
- Upstream: community engagement, inclusive authorship (for research specifically involving minoritised groups)?
- Downstream: qualify race-based associations, take a strengths-based approach

Aim to reduce bias, increase equity, increase relevance and applicability, and improve health outcomes



- Style guides for inclusive language

Eg The Coalition for Diversity and Inclusion in Scholarly Communications (C4Disc)

<https://c4disc.pubpub.org/pub/rapowpa2/release/1?readingCollection=8dea2bef>

- Translations

中国武汉地区 2019 年新型冠状病毒 感染者的临床特征

黄朝林*, 王业明*, 李兴旺*, 任丽丽*, 赵建平*, 胡轶*, 张丽, 范国辉, 徐九洋, 谷晓颖, 程真, 魏媛, 吴文娟, 谢学磊, 尹雯, 李辉, 刘敏, 肖艳, 高虹, 郭丽, 谢俊刚, 王广发, 蒋荣猛, 高占王健伟†, 曹彬†

摘要

背景: 最近在中国武汉发生的一系列肺炎病例是由一种新型β属冠状病毒——2019 新型冠状病毒 (2019-nCoV) 所引起的。我们的研究旨在描述确诊 2019-nCoV 感染患者的流行病学检查、影像学特征、治疗方案和临床转归。

方法: 所有 2019-nCoV 的疑似病例都被收治于武汉市一家定点医院。我们前瞻性地对病毒核酸荧光定量 PCR 检测以及新一代测序技术确诊的 2019-nCoV 感染患者的临床特征来自患者的电子病历, 基于世界卫生组织 (WHO) 与国际严重急性性呼吸道及新发传染病 (ISARIC) 共享的标准化数据收集表进行收集。研究者还直接与患者或其家属沟通, 学和症状数据的准确性。我们进一步比较了被收治于重症监护室 (ICU) 与未被收治临床结局。

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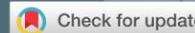
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Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China

Prof Chaolin Huang, MD * • Yeming Wang, MD * • Prof Xingwang Li, MD * • Prof Lili Ren, PhD * •

Prof Jianping Zhao, MD * • Yi Hu, MD * • et al. [Show all authors](#) • [Show footnotes](#)

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THE LANCET

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www.thelancet.com

The *Lancet* special issue: Advancing racial and ethnic equity in science, medicine, and global health

Katherine A T
Naomi Priest,
(Narrunga Ka

garakan),
inine Mohamed



Pre-publication

Unconventional methods, critical reviews

- ➔ Thoughtful rebuttal from authors
- ➔ A re-think by editors and reviewers

“We felt that, while some reviewers had strong requests for us to conduct elements of the research in a “standard” way, there was support from the editor to retain the approach to which our authors and partners had agreed.”



Publication

Katherine A Thurber, Makayla-May Brinckley (Wiradjuri), Roxanne Jones (Palawa), Olivia Evans (Gomerai), Kirsty Nichols (Kungarakan), Naomi Priest, Shuaijun Guo, David R Williams, Gilbert C Gee, Grace Joshy, Emily Banks, Joanne Thandrayen, Bernard Baffour, Janine Mohamed (Narrunga Kurna), Tom Calma (Kungarakan/Iwaidja), Raymond Lovett (Ngiyampaa/Wongaibon)

- Tribal affiliations – “appreciate that mob was listed before institution (in most cases where we are allowed to include mob, institution is prioritised)”
- Culture is important – published with artwork



Post-publication

Impact on communities, practitioners and policymakers

- “...very positive response to the Ending Racism video produced as part of our knowledge translation around the Lancet paper”

<https://mk-engaged.anu.edu.au/ending-racism/>

- “The Check Up tool produced as part of our knowledge translation around the Lancet paper has been widely disseminated... across university, within health departments, high-level meetings between government and key health stakeholders.”

Impact on communities, practitioners and policymakers

- “We were invited to draft a chapter on racism in healthcare for guidelines for a medical specialty – this will be the first time racism will be included in the guide, and means that these specialists and medical students ...will be exposed to evidence about racism in the healthcare system and recommendations to reduce racism.”
- Findings were presented at Yoorook Royal Commission
- “Health departments have reached out to us to learn more about racism in their jurisdictions. In one case, they contracted us to help them work towards designing/implementing a racism accountability framework within their health system.”

Impact on future research, policy and healthcare funding

“The Referendum Mental Health project ...has evidenced the needs for additional supports in the lead up to (and following) the Referendum, and assisting NACCHO [representing 145 Aboriginal Community Controlled Health Organisations] in decisions around how to use the \$10M allocated in the Federal budget.”

Impact on editors and reviewers

Thank you

Questions?

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