

Appendix. Reviewer comments and responses.

Section headings reflect the language used in the draft version of the guidance that was submitted for external peer review. As described below, changes in the language were made in multiple places between the draft and final versions of the guidance document.

General comments	
<p>I always think of the US having health data collected by 'race', but not in Canada, although that does not prevent researchers from doing so. But there is a great deal of confusion regarding the terms race, ethnicity and ancestry. I agree that a guide is necessary. The CIHI definitions of race and ethnicity on page 5 are well written. I have pasted a 'box' to consider from a Cell article (2019) to the document you sent with similar definitions. It also including 'genetic ancestry', which is an important distinction from race and ethnicity but not without its own challenges. That same box has been proposed for a well known Medical Genetics textbook used widely in Canada, for its current revision. The final is not out yet, but consistency might be helpful for medical practitioners carrying out research.</p> <p>The use of the terms race, ethnicity and ancestry are often interchanged in research, leading to ambiguous interpretations in findings and increasing risk for systemic racism. However, to avoid reporting data on race and ethnicity potentially conceals the issues of health disparity. In keeping with the purpose of this guideline, the definitions proposed by Pederson et al, Cell 2019 should be referred to. Suggest getting permission to use the 'box' (see link to pdf). Paraphrasing could also be effective.</p>	<p>We thank the reviewer for sharing the Peterson reference. After considering this and several other definitions of race and ethnicity in the literature, CMAJ has chosen to adopt CIHI's definitions of race and ethnicity for the purpose of our reporting policy (with which the definitions offered by Peterson and colleagues seem compatible). An editorial accompanying the policy will provide these definitions with an accompanying reference.</p> <p>We have revised section 7 to make explicit mention of the concept of genetic ancestry.</p>
<p>Thank you for giving me the chance to read this great work. These are clearly stated general principles. I've put my</p>	<p>We thank the reviewer for their supportive comments.</p>

<p>comments below, but they are very few. What has been done is common sense and elements that everyone should easily agree on.</p>	
<p>I would add an important element in the article submission form for authors to fill out: "How is diversity addressed?". This would invite authors of each submission to give details on how they addressed diversity or to say why it was not relevant to their study. I would have added it as a separate item. This will definitely encourage them to think about this aspect. I would make it mandatory during the submission process.</p> <p>I agree that "diversity" can be understood differently than "racial issues". However, I thought it would be more inclusive. What I meant was that in the article submission form, you could ask the question "How were racial issues addressed in your study? They will be able to think about it and tell how they consider racial issues and if not, why.</p>	<p>CMAJ will add a section to our online manuscript submission form in which we encourage authors to describe how their work represents the diversity of racial and ethnic groups affected by the research question being studied or to consider how the knowledge contained in their submission may illustrate race and ethnicity as factors in the research context.</p>
<p>I would add an introduction to better situate the words of these propositions. I would add elements about "race" in the global context (when do the words race and ethnicity appear? Why? Their impacts?) and in the Canadian context. I would say why it is important.</p>	<p>An editorial accompanying the publication of the guidance document will address this.</p>
<p>I think something is missing about "generation status". It is something that is missing in the JAMA paper, for example. But it is very important. I am working on a project at this moment that really highlights how important it is to address this issue.</p>	<p>We infer that the reviewer is alluding to how we sometimes refer to persons based on their family immigration history as 1st generation, 2nd generation, etc. We would point out that family immigration history is different from race and ethnicity and as such, does not fall entirely within the intended focus of the guidance document.</p>
<p>MORE IMPORTANTLY : Is it possible to publish it first and ask for comments for three months and then review it and publish a definitive version? That was done by another journal, and they received a lot of comments and reviews. Creating an external committee can be also an option.</p>	<p>We took the reviewer's advice and invited public comments on the guidance document for a 3-month period.</p>

What do you mean by race are you also going to identify white as a race	An editorial accompanying the publication of the guidance document will address this. Yes, White is a race.
Wow, these are excellent. So thorough and detailed, I think this will be invaluable to researchers in Canada both in the planning and the publishing of research.	We thank the reviewer for their supportive comments.
<ol style="list-style-type: none"> 1. I think it is very clear. 2. I don't think you have made any errors. 	We thank the reviewer for their supportive comments.
<p>1. CMAJ encourages the collection, analysis and reporting of data on the race and ethnicity of research participants, in order to provide evidence regarding health effects, disparities and inequities experienced by different racial and ethnic groups.</p>	
Not sure what the purpose of this is...is it to generally encourage people to do work on race, or to encourage more people to add something about race in their papers about other issues? Confused because the lead sentence is about "adhering to guidelines"....Encouraging dedicated work makes sense. general inclusion seems dangerous. I would not encourage people to include race if they don't know what they are talking about.	The major objectives of our guidance document are both to improve and to encourage inclusion, analysis and reporting of race and ethnicity in health research. Dedicated research focused on race and ethnicity, conducted by experts in this area, will obviously play a crucial role in meeting these objectives. However, most health research questions that are relevant to persons of diverse racial and ethnic backgrounds do not have race and ethnicity as their primary focus. The historical failure of health research in general to collect and analyze data on the intersection of race and ethnicity with health is responsible for a major gap in the evidence base that informs health care – a gap that our guidance document hopes to address. For this to succeed, ALL health researchers will need to consider whether and how race and ethnicity are relevant to their research question and incorporate this into their research as appropriate. Our perspective here is somewhat analogous to that of major granting agencies such as CIHR in their actions to ensure appropriate representation of sex and gender in health research.
I would suggest that "studies that reinforce stereotypes based on race or ethnicity should be discouraged"	We agree with the principle expressed by the reviewer. We think that sections 3, 5, 7, 8, 9 and 10 of the guidance document fulfill this objective more specifically and explicitly than the wording suggested by the reviewer.
Would you also encourage researchers to write about white privilege in contract to disparities in health.	In section 8, we ask authors to comment on how their social position and identity, including race and ethnicity and their intersection with other factors, might have influenced data collection, analysis, and interpretation and how the researchers addressed power relations throughout the research process. In section 9, we direct authors of studies that highlight associations of race and ethnicity with health outcomes to

	discuss how their findings illustrate the intersection of race and ethnicity with other sociodemographic factors in the health context being studied, the role of structural racism in this context and how this might be addressed.
Such data should be presented in ways that reflect the latest scientific understanding of these concepts – i.e. their inherent social rather than biologic determination.	Section 7 addresses this explicitly.
The socio-political histories of such disparities should be clearly articulated.	We agree. An editorial accompanying the publication of the guidance document will address this.
I would think that this section should contain a statement regarding the nature and meaning of race and ethnicity – as socio historical constructs Not biological...and that white people/whiteness is part of systems of racial classification...	An editorial accompanying the publication of the guidance document will address this.
2. CMAJ strongly encourages inclusion, as study partners, coinvestigators and authors, of persons from racial and ethnic groups affected by the health context being studied, especially for studies that explore racism and ethnicity as determinants of health.	
Will manuscripts be considered if this is not adhered to?	It depends. A major objective of the guidance document is to encourage representation of race and ethnicity in health research. However, for this objective to be achieved, this guidance must apply to all research groups, regardless of the race and ethnicity of the individuals comprising the research team. CMAJ’s evaluation of all manuscripts includes an assessment of the perceived expertise of the research team to address the content of the manuscript. We would expect a research manuscript whose primary focus was on race and ethnicity to include among its authors persons with expertise in this area, including lived experience
I think that you could require this.	It depends. A major objective of the guidance document is to encourage representation of race and ethnicity in health research. However, for this objective to be achieved, this guidance must apply to all research groups, regardless of the race and ethnicity of the individuals comprising the research team. CMAJ’s evaluation of all manuscripts includes an assessment of the perceived expertise of the research team to address the content of the manuscript. We would expect a research manuscript whose primary focus was on race and ethnicity to include among its authors persons with expertise in this area, including lived experience.

<p>Just a flag that this can end up with a couple of unintended consequences:</p> <ol style="list-style-type: none"> 1. Tokenizing folks 2. Getting folks of color with less status to cosign on bad work and validate it by their coauthorship, when that author doesn't have any power to shape the paper³. Putting stress on folks of color to constantly be coauthors for other people's work and not being able to focus on their own. 	<p>We agree that some researchers might seek to address our recommendations in a performative manner, as has sometimes been observed with policies seeking to increase representation of patients or sex and gender champions on research teams. However, we think that our explicit encouragement will overall promote inclusion of key perspectives and break down barriers to participation in the design and conduct of research for persons from diverse racial and ethnic groups.</p>
<p>The word inclusion is too simplistic – how would that be different from tokenism – as opposed to substantive representation?</p>	<p>We have followed the reviewer's recommendation and changed the word "inclusion" to "representation".</p>
<p>Where does Indigeneity fit in? I'm not sure whether it fits under either. See: Williams, M., & Schertzer, R. (2019). Is Indigeneity like Ethnicity? Theorizing and Assessing Models of Indigenous Political Representation. <i>Canadian Journal of Political Science</i>, 52(4), 677-696. doi:10.1017/S0008423919000192</p>	<p>Although many of the principles expressed in this guidance document would be applicable to Indigenous peoples, we agree that there are unique aspects to Indigenous identity. As the leading general medical journal for publication of research on Indigenous health, CMAJ plans to create a separate guidance document on reporting of Indigenous health research.</p>
<p>3. Authors should explain the purpose and relevance to the research question of collecting, analyzing and reporting data on race or ethnicity in their study.</p>	
<p>And maybe just explain what they think race 'is' / is doing in the context of their research question? Meaning, what does 'race' represent in the context of the research question(s)?</p>	<p>As suggested, this section has been revised to "Authors should explain the purpose and relevance of collecting, analyzing and reporting data on race or ethnicity in their study and what race and ethnicity represent in the context of the research question."</p>
<p>4. Authors should report race and ethnicity together with other demographics of the study population.</p>	
<p>Are we confident folks know the difference between race and ethnicity? Is this always possible?</p>	<p>The constructs of race and ethnicity cannot be separated completely. The literature reveals that these terms are defined and understood in a variety of different ways among academics and among the general public. CMAJ has chosen to adopt CIHI's definitions of race and ethnicity for the purpose of our reporting policy. An editorial accompanying the policy will provide these definitions with an accompanying reference.</p>
<p>"race and/or ethnicity"?</p>	<p>No, "race and ethnicity" is our preferred terminology as the "and" purposely conveys the understanding that race and ethnicity overlap and can't be completely separated (also, "and/or" is grammatically incorrect).</p>

Sections 1, 3 and 4 need to be reconciled for clarity.	We infer that this comment is related to the reviewer's comments above and below, which we have addressed individually.
4. (a) Race and ethnicity should be listed together with other variables collected and analyzed in the Methods section.	
Authors are asked to pay attention to the language used in reporting on racial and ethnic differences. For example, for racial differences, is it more correct to say "being racialized as" is the true variable (to reflect its relational social determination) or "race" (which may promote biologic determinism)?	The purpose of this section is to direct authors as to the proper section of the manuscript in which to report that race and ethnicity was analyzed in the study. In sections 5 and 7, the guidance document explicitly states that race and ethnicity are social rather than biological constructs.
4. (b) Race and ethnicity should be reported together with other demographic variables in a table and summarized at the beginning of the Results section.	
<p>Race and racism are not just simple variables. They are overriding factors that intersect with other demographic variables, such as immigration status, gender, socio-economic status, and so on. This point should be emphasized.</p> <p>From my observation, when race is taken as a variable, it is the first one to be dropped from analysis.</p> <p>The historization of race and racism in any kind of research cannot be emphasized enough. Otherwise, when it is considered ahistorical, apolitical, we produce research that reinforces and sustains existing stereotypes.</p>	<p>The purpose of this section is to direct authors as to the proper section of the manuscript in which to report the racial and ethnic composition of the study population.</p> <p>In our evaluation of any research paper that reports the results of multivariable models, CMAJ asks authors to justify the inclusion or exclusion of variables.</p> <p>We agree with the reviewer regarding the importance of the historical and political context of race and ethnicity in health research. An editorial accompanying the publication of the guidance document will address this.</p>
What if participants refuse to answer some of the demographic questions	That would create missing data and we would expect authors to address this in the same way as for missing data related to other study variables.
5. As race and ethnicity are inherently social constructs, studies that analyze race and ethnicity should endeavour to adjust their analyses for as broad as possible a set of other sociodemographic variables, particularly socioeconomic status.	
I'm not sure what the intention is of this point. What is the connection between race as a social construct and adjusting for these other variables? What is "adjusting" referring to here? Statistically controlling for these	We thank the reviewer for pointing out that our meaning was unclear. This section has been revised as "As race and ethnicity are inherently social constructs, studies that analyze race and ethnicity should endeavour to explore their effects in the context of other sociodemographic variables and structures."

<p>variables? You may not want to do that if SES is on the causal pathway between race and health, which it often is. This is a subject of great debate these days.</p>	
<p>Could this not be stereotypical? I'm not sure what you are asking or stating here? I recognize race as a social construct but I also know the impact of racism on someone's health that is not always connected to SES.</p> <p>This is confusing and does not communicate an understanding of intersections in terms of identity, lived experience and one's location(s) in and across different systems of power.</p>	<p>Indeed, the purpose of this section is to encourage researchers to study the ways in which the social constructs of race and ethnicity are associated with health and health outcomes independently of other variables, as well as the ways in which health and ethnicity intersect with other variables as determinants of health.</p>
<p>Avoid indicating research without context. For example, "Black Canadians have higher risk of being diagnosed with diabetes", instead of "When controlling for sociodemographic characteristics (e.g., age, gender, income), Black Canadians are more likely to be diagnosed with diabetes when compared to White counterparts (B = x.....)."</p>	<p>The reviewer's example provides an excellent illustration of our purpose for including this section.</p>
<p>6. In the Methods section, authors should describe how race and ethnicity of study participants was determined and by whom.</p>	
<p>For some researchers who have never reported race and ethnicity in their research, that can be confusing. Maybe examples can be interesting to accompany this change. For example: "Participants self-reported race/racial backgrounds/race categories (e.g., Black, Indigenous, White) based on Canadian Community Health Survey (Statistics Canada, xxxx).</p>	<p>As the reviewer recommended, we now provide an example ("e.g. 'Study participants self-identified their race from 12 categories provided in the 2019 version of the Canadian Community Health Survey...'").</p>
<p>Section 6 for me is hard to comment on in text as I think there are several problems with this section</p>	<p>We hope that our responses to the reviewer's comments on individual subsections below have addressed their concerns.</p>
<p>6. (a) As it is usually preferable for race and ethnicity to be self-identified by study participants, explanation and justification will be expected for studies where race and ethnicity was not self-identified.</p>	

<p>Preferable in what way? Doesn't it just depend on the research question? And the theory about what is happening? I think just explaining the measure of race/ethnicity and justifying why it is being used in any instance may help.</p>	<p>The principle that we sought to express here is that in general, the default expectation is that research participants will self-identify their race and ethnicity, such that no further explanation would be required if this was done, but explanation would be required if it was not. However, we agree with the reviewer that our previous wording did not adequately account for the context of all research questions. We have accordingly revised this section as "Authors should explain whether race and ethnicity were self-identified by study participants or identified by others, providing justification if self-identification was not used."</p>
<p>I think it should only be determined by the participants and not assumed by any researcher</p> <p>Not sure why this is necessary. Are looking to wonder why folks don't identify. Will authors write about the trust factor etc that exist or will they simply say participants refused</p>	<p>We agree that in general, the default expectation is that research participants will self-identify their race and ethnicity. However, as articulated by the reviewer above, there might be exceptions that could be justified in certain research context. We agree with the reviewer that where participants did not identify their race and ethnicity, it would be important for authors to discuss why.</p>
<p>6. (b) Authors should state whether options that participants could select to indicate their race or ethnicity were open-ended or based on fixed categories, listing the categories available if applicable, and whether participants were allowed to identify as belonging to more than one racial or ethnic group.</p>	
<p>It would be interesting to also note how people should report "multiracial or multiethnic belonging" and also encourage analyses that consider this aspect.</p>	<p>The best way to report and analyze belonging to multiple racial and ethnic groups would depend to some degree on the specific research question and context. Therefore, we have limited our guidance to asking authors to describe whether identifying as multiracial or multiethnic was an option.</p>
<p>6. (c) If race and ethnicity categories were determined or constrained by external factors (e.g. government legislation), or were originally collected for a purpose different from the purpose of the study being reported, authors should explain this.</p>	
<p>This section contains too many inconsistencies in terms of the description, explanation etc. of race and identity – it reads as though there is No understanding of the concepts...</p>	<p>As an example, CMAJ often receives submissions of research that uses data from Statistics Canada, such as census data or national population-representative survey data. The categories available for reporting race and ethnicity in some of these instruments is determined by government policy or legislation. Research studies seeking to make use of such data sources may be constrained by this.</p>
<p>7. As race and ethnicity are inherently social constructs, they should not be presented as an independent surrogate for biological or genetic variation.</p>	

Suggest "...or genetic ancestry variation"	Based on the reviewer's suggestion, we have revised this section to read "...biological or genetic variation or genetic ancestry".
Important not to pathologize race Avoid race and ethnicity labels to denote biological difference between research participants.	We agree with the reviewer and we think that our present wording expresses these concepts.
7. (c) Use of race-based algorithms (e.g. "corrected" creatinine clearance for Black persons) is discouraged, as such "race corrections" typically oversimplify, creating the potential for inequity and harm.	
This feels like it leaves too much room for genetics and innate biology to creep in. How about saying that papers which explicitly or implicitly use race/ethnicity as a proxy for genes or other innate biological characteristics will not be considered in most situations, including racial algorithms, race-specific clinical thresholds, and genetic explanations for race-based differences in health status.	We agree that the wording could be stronger and have revised this section accordingly: "Race-based algorithms (e.g. 'corrected' creatinine clearance for Black persons) should not be used, as such 'race corrections' typically oversimplify, creating the potential for inequity and harm."
Not 100% sure about this because I just don't know enough about such algorithms to knowledgeably comment on their appropriateness.	We appreciate the reviewer's candour.
Someone else who understands what this is about should speak to it. My only question would be: If discouraged, what is to be encouraged?	We encourage use of evidence-based algorithms that are not based on race.
7. (d) Exceptionally, in contexts where race and ethnicity might be considered a plausible and defensible surrogate for a biological mechanism (e.g. the association between skin pigmentation and Vitamin D levels), the validity of this must be clearly explained and justified.	
Exceptions include studies for which genetic characteristics travel closely with race, such as skin pigmentation associations with Vitamin D levels. In these cases, the rationale and validity of the research question must be clearly explained and justified.	Based on the reviewer's recommendation, we have revised this section as: " Exceptionally, in contexts where genetic characteristics travel very closely with race and ethnicity (e.g. the association between skin pigmentation and Vitamin D levels), the rationale for and validity of treating race and ethnicity as biological surrogates must be clearly explained and justified."
8. For manuscripts reporting qualitative research, authors should comment on how their social position and identity, including race and ethnicity and their intersection with other factors, might	

<i>have influenced data collection, analysis, and interpretation and how the researchers addressed power relations throughout the research process.</i>	
I think this is important in all research, not just qualitative. Often there is an interpretive leap from numbers to policy or significance in papers, which can easily be affected by authors' social positionality.	Based on reviewers' recommendations, we have removed the phrase "For manuscripts reporting qualitative research".
The same should be said for quantitative researchers. The selection of variables or the crafting of hypotheses are not as neutral as they portray to be. There are authors behind them and their interpretations. For additional comments, please see my comments on the importance of the socio-political historization of any kind of research.	Based on reviewers' recommendations, we have removed the phrase "For manuscripts reporting qualitative research".
I want to point out there can be biases in quantitative research to so I think social position and identity and should be a standard.	Based on reviewers' recommendations, we have removed the phrase "For manuscripts reporting qualitative research".
<i>9. In the Interpretation section, authors should discuss how their findings illustrate the intersection of race and ethnicity with other sociodemographic factors in the health context being studied, the role of structural racism in this context and how this might be addressed.</i>	
Not sure if intersectionality is always a point of discussion.	We agree that this will depend on the results of the study. For clarification, we have revised this section as "In the Interpretation section, for studies that highlight associations of race and ethnicity with health outcomes, authors should discuss how their findings..."
The role of structural racism and in general, the rationale for studying race should appear in the introduction as well.	We agree that for studies that focus on the sources or impact of structural racism in health, it would be appropriate to discuss these aspects in the Introduction. However, most studies that CMAJ receives for which this guidance document would be relevant do not focus primarily on racism, but rather evaluate race and ethnicity together with many other factors. While findings that highlight the presence of structural racism warrant discussion of this in the Interpretation section, if exploration of racism was not an a priori focus of the study objectives, it may not be necessary to discuss racism in the Introduction.
I would add a point about the necessity to integrate implications of the results to reduce and eliminate "personal,	We agree that these more detailed elements should be discussed for studies where they are applicable. However, most studies that CMAJ receives for which this guidance

<p>institutional, and/or structural racism, and racial inequity” and address their impact on victims and care providing, institutions and the health system.</p>	<p>document would be relevant would not capture or distinguish all of these components and manifestations of racism. However, as nearly all research papers published in CMAJ illustrate how the health care system functions in some way, we think it is appropriate for this section to highlight structural racism specifically.</p>
<p>I would remove “structural” to consider only “racism” or “different forms of racism”. I would also add “inequities” and/ or “disparities”.</p>	<p>As nearly all research papers published in CMAJ illustrate how the health care system functions in some way, we think it is appropriate for this section to highlight structural racism specifically.</p>
<p>What about institutional, systemic etc</p> <p>Yes gendered racism and other manifestations of racism are also</p>	<p>We agree that these more detailed elements should be discussed for studies where they are applicable. However, most studies that CMAJ receives for which this guidance document would be relevant would not capture or distinguish all of these components and manifestations of racism. However, as nearly all research papers published in CMAJ illustrate how the health care system functions in some way, we think it is appropriate for this section to highlight structural racism specifically.</p>
<p>10. Authors must use appropriate, precise, and respectful language to describe study participants and avoid the use of terminology that might stigmatize participants.</p>	
<p>10. (a) Terms that imply a hierarchy among races (e.g. “minorities”, “non-White”) should be avoided and preferred terms (e.g. “underserved” or “underrepresented” populations, “historically marginalized groups”) used instead as contextually appropriate.</p>	
<p>Suggest “...structurally marginalized groups”</p>	<p>We agree that the terminology proposed by the reviewer would be acceptable, but we also think that groups can be marginalized for reasons other than structural ones.</p>
<p>I do wonder about the operationalizing of 10a. The preferred terms that are suggested aren’t great fits for much of the work that I do, for example. While I’m sensitive to the fact that “minorities” implies a hierarchy, it’s also numerically incontrovertible in many cases. I think the JAMA guidance approach is good, in that it expands the term “minorities” to “ethnic minority groups”, which to me seems less hierarchical. It may be worth adding that or a variation of that to the preferred terms.</p>	<p>We reflected carefully on the diversity of responses we received on this section from different reviewers. All of the proposed examples of preferred terminology were taken from the most recent edition of the AMA Manual of Style, which CMAJ already uses as the authoritative source for most aspects of style (and prior to the creation of this guidance document, has been our main source for the proper style for reporting of race and ethnicity). These examples are not a comprehensive list of acceptable terminology, nor will the use of any of these specific terms be mandatory for authors, but we offer them to authors who may seek guidance as to alternatives to terminology that we wish to discourage.</p> <p>After thoughtful discussion, we have removed “minorities” as an example of a term to be avoided, as reviewer feedback indicates to us that consensus about the unacceptability of this term does not exist at present.</p>
<p>This is tricky. Non-white doesn’t necessarily denote a hierarchy. It may be undesirable because of heterogeneity of effects amongst non-</p>	<p>as an example of a term to be avoided, as reviewer feedback indicates to us that consensus about the unacceptability of this term does not exist at present.</p>

<p>whites.... In fact, people often have issues with “underserved” and “underrepresented” because they obfuscate the real issue, which is race. I think the issue of implying a hierarchy is critical, and “minorities” certainly does that. I think language and language use evolves and that’s going to be an ongoing struggle and debate. Depends on who is using it and how it is being used.</p>	
<p>I personally don’t think the examples provided are an issue (speaking as a “visible minority” who considers himself “non-white”). To me, they are just descriptors and do not imply a hierarchy</p>	
<p>This should not be used in this way if it is used it would be historical groups who have been marginalized. Racialized groups don’t consider themselves marginalized in all cases they have been place in positions or situation because of their race which resulted in marginalization.</p>	
<p>10. (b) Listing of racial and ethnic groups in tables should be ordered based on an empirical rationale rather than one that implies a hierarchy (e.g. “White” should not automatically be listed first).</p>	
<p>This is interesting and makes sense. but it will be difficult to police whether this is being done automatically or not. Sometimes people put white first so that people understand how healthy/wealthy the group that has the most power is doing, which contextualizes how well other groups are doing. I understand the spirit of the point, but just to flag, I’m not sure if this is a big issue and even if it is, how one would police this, unless you say white should never appear first.</p>	<p>The purpose of this section to raise awareness among authors that white is often put first as a default (much like male gender often is). Our objective is not to police such reporting, but rather to encourage authors to give proper thought to how and why they choose to order a list of racial and ethnic groups. We agree that there may be contexts where it is appropriate to list “White” first, when it is done thoughtfully and purposefully, rather than as a manifestation of unconscious bias.</p>
<p>Some journals prefer “alphabetical categorization” of racial backgrounds.</p>	<p>We agree with the reviewers that this would be an acceptable approach, but we do not wish to constrain authors from using other approaches that would also be acceptable.</p>

<p>10. (c) Naming racial and ethnic categories as specifically as is appropriate to the study context is preferred over use of collective categories (e.g. “Indian” would be suitable in the context of many research questions, but in some contexts “Punjabi” and “Malayali” could be more relevant, while “Asian” is usually too generic to be sufficiently informative).</p>	
<p>I wonder if this point should be made more forcefully? My other pet peeve is the use of “Southeast Asian” to mean people from India/Pakistan instead of people from Vietnam/Indonesia; or the use of “East Asian” to mean Vietnam/Indonesia instead of China/Japan. I know the document wants to encourage researchers to report what was actually collected in the data, but it would be good guidance to researchers at the planning stages of studies collecting race/ethnicity data to think about what categories to use a priori, and to have some consistency (and accuracy!) in definitions. Stats Can’s definitions on the Census may be a good starting point.</p>	<p>The examples highlighted by the reviewer highlight the importance of this section. We agree that thinking about proper categorization of race and ethnicity in health research should ideally occur at the design stage. Categorizations currently used by Statistics Canada would be an appropriate reference source for research done in Canada. Other references would also be acceptable (e.g. the AMA Manual of Style, which offers a detailed list of categories). An editorial accompanying the publication of the guidance document will provide suitable references for authors.</p>
<p>It would also take clearer examples.</p> <ul style="list-style-type: none"> - South Asian descent (e.g., Bangladeshi, Pakistani, Sri Lankan) - Southeast Asian descent (Cambodian, Filipino, Indonesian, Thai, Vietnamese, or other) 	<p>The purpose of the present section is to emphasize the importance of appropriate specificity of reporting. Obviously accuracy of reporting is also important, but the CMAJ editors will of course correct errors we identify in this regard, as we do for all other types of errors.</p>
<p>The problem with this is that you will almost never have enough data to comply with this. you are lucky if you have enough for an “Asian” category or an “East Asian” category. I think it’s fine to include this, but just to know that it won’t actually materialize.</p>	<p>The reviewer raises an appropriate point, which is addressed in section 10 (d). However, our objective here is to encourage reporting that is thoughtful and meaningful. Where researchers find themselves needing to pool groups for reasons of statistical power, this section will encourage them to consider and discuss the meaning of any observed associations with such groups.</p>
<p>Shouldn’t the participants I have a say in this and how they want to be referenced. You should never assume.</p>	<p>We agree completely with the reviewer and this perspective is represented in section 10 (h) below. The present section, however, speaks to how authors may group and analyze data collected on race and ethnicity, rather than how participants may choose to report such data.</p>
<p>10. (d) It is acceptable to pool racial and ethnic groups for analysis when necessary and appropriate, but authors should explain and justify the manner in which this is done and ensure that the individual racial and ethnic groups within each category are identified.</p>	
<p>Not sure why this would be ok as racial groups are very distinct. My experience</p>	<p>The purpose of this section is to recognize that quantitative studies (which represent most of the research</p>

<p>as an African Nova Scotian may not be the same as someone from the continent, someone from the Caribbean and someone who identifies as African Canadian. I would want my experience to be validated and heard unless I decide otherwise</p> <p>Why is this acceptable? How can this statement be made in advance?</p>	<p>that CMAJ publishes) sometimes need to pool individual categories to have enough power for statistical analysis. This is appropriate because quantitative studies focus primarily on understanding phenomena at the level of groups and populations. This section seeks to ensure that the identities of individuals are nevertheless validated and represented in the process of doing this. In this manner, we address the perspective expressed by the reviewer, but note that this will be much more relevant to studies that focus on the individual, which are typically qualitative in nature.</p>
<p>10. (e) Racial and ethnic terms should be used in adjective form rather than in noun form (e.g. “Hispanic persons”, not “Hispanics”)</p>	
<p>Would be great to see word counts adjusted to account for this.</p>	<p>As CMAJ has long emphasized the use of person-first language in general, this does not represent a change to our current policy. Accordingly, we do not see a need to alter our expectations regarding article word counts.</p>
<p>10. (f) Names of racial, ethnic or tribal groups should be capitalized, except for “white” (CMAJ prefers to avoid the capitalized form of white as this has been used by proponents of white supremacy).</p>	
<p>I totally understand this conception, but I don’t agree with it. We will create exactly what we want to avoid. If we ask authors to capitalize all racial groups, except “White” people, we will make it a separate category. Later, some people will say that we capitalized the names of the "minor groups" and that the people with the "highest ranks" in society did not need them because they were de facto superior. It is important to put everyone on the same level and to not make White people a separate category. If so, they will remain special. You will be also accused of creating inverse racism (anti-White racism). It can become polemical and centralize a debate about the great work you did. However, there are some contexts authors should avoid capitalizing it such as “white supremacy”, “white supremacist group”, “white superiority”, “white order”, “white civilization”, etc.</p>	<p>We have revised this section as “Names of racial, ethnic or tribal groups should be capitalized”. We have also changed our style to capitalize “White”.</p>
<p>My personal sense is that not capitalizing “white” seems like</p>	

<p>overcorrection, especially when every other group is capitalized. I just think it would look odd typographically, if nothing else!</p>	
<p>This seems fine. though I'm not sure benchmarking against white supremacists is a great idea. As I'm sure you know, there are lengthy debates in the social sciences etc. about this, with all configurations (e.g., don't capitalize black because it essentializes it ...all the way to capitalize everyone because these are proper nouns/names of groups) ...all of these have reasonable rationales and I think it's fine to come out with one rule, or to say that this is something to be justified somewhere in the paper or more preferably in the background materials when uploading the manuscript or something.</p>	
<p><i>(g) Authors should use preferred contemporary names for racial and ethnic groups (e.g. [in Canada] Indigenous, not Aboriginal; white, not Caucasian).</i></p>	
<p>I have been hesitant to include Indigenous status under either race or ethnicity, since it doesn't seem to fit within either category. I note that the CIHI report distinguishes Race-based and Indigenous identity collection which is consistent with my perception that Indigenous does not fit as a 'racial' category.</p> <p>If not already in place, or considered, it might be best to have a parallel guideline for articles focusing on Indigenous research/data</p>	<p>We agree with the reviewer that there are unique aspects to Indigenous identity and therefore have removed the example of the term "Indigenous". CMAJ has already made plans to create a separate guidance document on reporting of Indigenous health research, as recommended by the reviewer.</p>
<p>I think we are supposed to give a better place to "Indigenous people". It is mentioned once. This is also why I think it is important to have an introduction.</p> <p>On Indigenous people, we can have a point about precision when a study is conducted among them or when there is enough data to make subgroup analysis. Authors can report backgrounds as noted by the CIHI report such as First Nations, Inuk/Inuit, Métis</p>	<p>We agree with the reviewer that there are unique aspects to Indigenous identity and therefore have removed the example of the term "Indigenous". CMAJ has already made plans to create a separate guidance document on reporting of Indigenous health research, as recommended by the reviewer.</p>

descent. Or the “cultural group” when necessary (e.g., Algonquins, Ojibways, Mohawks, Crees.).	
Black or African Canadian and not African American	The literature reveals a greater diversity among individuals belonging to this community as to the preferred term for representing their identity. For this reason, we did not choose to cite this as an example.
This is a great point. And goes back to the early point of language evolving. Maybe scientifically common contemporary names, as established by the social science literature? – because the issue is, preferred by whom? And how do you decide?	Ideally, preferred terminology should be chosen by the individuals whom the terminology describes. Section 10 (h) addresses this point directly.
10. (h) As preferred names for racial and ethnic groups may vary and may change over time, authors should be guided by the preferences of study participants as to their expressed identity.	
Worth saying what should be done with secondary data, where you have little choice.	We agree with the reviewer that data being used in a study for a different purpose than that for which it was originally collected, particularly older data, could sometimes create uncertainty as to preferred terminology. In general, section 6 provides guidance in this regard. In some cases, it would be appropriate for authors to update names to contemporary terminology.