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## *Appropriate Use of Race in Research*

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The American College of Emergency Physicians (ACEP) is committed to assure the appropriate use of race in science and to avoid any detrimental impact on Black, Indigenous, and People of Color (BIPOC) due to its improper use. Race is a social construct, not a biological or genetic taxonomy, but it nonetheless has extensive, well documented, health implications. This is a consequence of structural racism, which exists throughout society, including healthcare, and has resulted in decades of diminished health, educational, occupational, and economic opportunities for BIPOC populations. Structural racism and racial bias also influence the research enterprise, contributing to research and research-products which accentuate disparities. Accordingly, use of race, ethnicity, and other demographic variables in research can be critical to identify, understand and reduce resulting disparities, but investigators should follow best practices to mitigate risk of detrimental impact on BIPOC and other minority and disadvantaged populations. Thus, **ACEP acknowledges that race is an important variable in research but cautions against its capricious use, without deeper understanding of its sources and meaning.**

The following best practices are recommended to reduce racism and racial bias in emergency medicine research.

1. Write a subsection of the methods that clearly describes the source of the race data: self-reported, observer assigned, extracted from administrative or clinical records, etc.
2. Provide an inclusion enrollment report, and indicate whether the racial/ethnic composition of those enrolled in the study is representative of the population from which the study participants were drawn. The study population should be specific with respect to the condition being studied.
3. Only draw those conclusions that are supported by the actual findings of the study. In particular, note, as applicable, that association is not causation. Include a discussion supported by science of potential causal pathways for race-related results, discrepancies, or disparities including the role of structural, institutional, and interpersonal racism on the outcomes being studied. Discuss their implications for designing interventions to improve disparate outcomes.
4. Take particular care in writing so that comments do not inadvertently stigmatize or mislabel populations.

5. Encourage diversity among the research team to obtain relevant perspectives when designing and conducting the study.
6. Encourage direct engagement of communities impacted by the research during appropriate phases of the research process. It is particularly important to consider such perspectives in the interpretation of study results.
7. When racial data is reported and interpreted, assess for corresponding representation at the writing, editorial, and peer review levels.
8. Consider use of qualitative methods to gain a deeper understanding of the causes of race-related results, disparities, or implications.
9. Seek to understand the extent to which algorithms, decision rules, or calculators accentuate health disparities, and avoid their use if such a situation occurs.
10. Encourage editorial discussions and commentaries as well as other outreach from the research community to discuss the implications and interpretations of studies with race-related results. (eg, how data should not be misinterpreted by employers, insurance companies, or financial institutions to disadvantage already marginalized populations).

A thoughtful and vigilant approach is needed to overcome the impact of structural racism and racial discrimination where it may exist on research and healthcare. Researchers, peer reviewers, editors, and educators are encouraged to apply these best practices while designing, reviewing, editing, and teaching about research studies.