CONSENSUS RECOMMENDATIONS FOR ANTIRACIST CHILD HEALTH RESEARCH: A MODIFIED DELPHI STUDY

AUTHORS

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Too often, research has contributed to systemic racial inequities in health by creating or perpetuating racist beliefs. Antiracist research attempts to right these wrongs.

An antiracist researcher is "one who believes that racial and ethnic groups are equal, that no single racial or ethnic group needs developing, and who supports policies to reduce racial inequities."[1]

Antiracist research practices should be employed by all researchers working with humans, not just those who work in the health equity space. While many researchers aim to conduct inclusive research that abides by these practices, many more would be capable of doing so if they had adequate knowledge, tools and training.

Drawn from the results of our modified Delphi study, we developed a set of guidance to support researchers in conducting ethical and antiracist research at each stage of the research process. **We included both the comprehensive and abridged sets of guidance in this report.**

We hope that disseminating this expert-derived guidance will help funders, regulatory agencies, journals, and researchers elevate their standards to promote more equitable, antiracist research.

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[1]We draw on the scholarship of Drs. Rhea Boyd, Ibram X. Kendi, and Elle Lett in developing this definition.

METHODS

We completed a 2-phase project:

1. We conducted a **systematic review** of published literature to identify guidance for antiracist research practices across the phases of a research project and synthesized that literature to identify important themes and sub-themes.
2. We assembled a panel of 14 national experts to participate in a **modified Delphi study**. Experts completed 3 rounds between April and December 2023 to develop consensus on a comprehensive and abridged list of best practices for conducting antiracist research.

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CONTENTS

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CONSENSUS RECOMMENDATIONS FOR ANTIRACIST CHILD HEALTH RESEARCH

Comprehensive guidance for each stage of the research process

Wallis KE, Wozniak-Kelly S, Duncan AF, et al. Consensus recommendations for antiracist child health research: a modified Delphi study. *Pediatrics Open Science*. 2026;2(1). doi:10.1542/pedsos.2025-000621

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★ Indicates selection for inclusion in abridged guidance

PROJECT DEVELOPMENT	PERCENT ENDORSING IN THE TOP 50% FOR EACH STAGE
Intentionally Construct a Racially and Ethnically Diverse, Representative, and Empowered Research Team	
★ • Develop institutional infrastructure to support the creation of diverse research teams.	89%
★ • Recruit team members with diverse, representative, and intersectional expertise and experiences, considering multidisciplinary multilingual team members.	89%
• If conducting equity-related or disparities research, include a team member with expertise in equity science.	44%
Create an Antiracist Culture Within the Research Team	
• Value diversity beyond numbers to avoid checkbox diversity initiatives.	33%
• Engage in self-reflection and recognition of implicit biases.	56%
★ • Elevate community members as empowered, equal, and compensated members of the research team at each step of the research process.	78%
• Institute the expectation that there will be periodic equity pauses throughout the lifespan of the research project.	0%
Develop a Project of Importance to Marginalized Groups	
• Examine local contexts, including historical and present-day factors and community assets to inform research decision-making and planning (e.g., read local newspapers, examine local history, relationship build with local community groups, etc.).	50%
★ • Develop research priorities that are important to populations of interest.	100%
★ • Include community representation in the development of the research question and be explicit about how community is defined.	88%

PROJECT DEVELOPMENT, CONTINUED

	PERCENT ENDORSING IN THE TOP 50% FOR EACH STAGE
Training in Preparation for Antiracist Research	
• Define representation and why it's important.	38%
★ • Ensure research team training on cultural humility, including specific focus on the communities of interest.	88%
• Develop or provide targeted training for individuals working with communities that prefer languages other than English.	38%
• Provide longitudinal, in-depth training on racism and bias in society, research and individuals to study team members and community partners.	38%
★ • Ensure all research team members have a shared mental model including shared definitions of key constructs, like equity, equality, and community.	100%
Creation of a Conceptual Framework that Builds on the Work of Marginalized Scholars	
★ • Use root cause analysis to develop an appropriate conceptual framework including structural resilience and strengths to guide study design and methods.	75%
• Embrace race-conscious research that explicitly considers and names what race may serve as a proxy for, considering individual, social, and structural drivers.	25%
★ • Consider how race, ethnicity, and racism fit into conceptual frameworks, and name racism explicitly where relevant.	100%
★ • Specify levels of racism (structural, institutional, interpersonal, and internalized) and types of racism (e.g., medical, cultural, environmental, legal) in conceptual frameworks.	75%
• For conceptual models, consider a life course approach that includes the cumulative lifetime and intergenerational effects of racism, structural determinants of health, epigenetics, medical trauma, etc., where appropriate.	25%
• Cite/Recognize minoritized scholars from inter-disciplinary backgrounds.	13%
• Intentionally include intersectionality in conceptual frameworks.	25%
• Explicitly consider how discrete demographic variables reflect unequal power relations within society.	50%
Incorporating Cultural Humility into Study Design Considerations	
• Thoughtfully consider the merit and impact of selecting broad versus narrow study populations.	25%
• Apply Community-Engaged/Based Participatory principles that may be applicable to a wide range of studies.	50%
★ • Ensure that interventions being studied are culturally appropriate and responsive.	75%
• Ensure research aligns with best practice guidelines for particular groups where they exist.	0%
• Consider a broad range of methodologies that may be applicable to the conceptual framework and study question, including valuing the contribution of qualitative work.	0%

PROJECT DEVELOPMENT, CONTINUED	PERCENT ENDORSING IN THE TOP 50% FOR EACH STAGE
Creating Transparency of the Research Process for Communities and Target Audiences	
• Create open lines of communication with community member partners, and consider engaging a community governance group.	13%
• Be explicit and intentional about valuing different perspectives, skills, and experiences by communicating what each team member brings to the team.	50%
• Compensate community partners for engaging at each step of the research process, in their preferred way, including hourly fees, potential co-authorship or provision of community resources, and budget appropriately.	50%
• Consider dissemination products and audiences at the project outset, and budget appropriately.	0%
PARTICIPANT INCLUSION	
Promoting Inclusive Consent Processes	
★ • Assure that informed consent processes are tailored to the population of interest, and consider digital and analog processes in accordance with potential participants' preferences.	63%
• Ensure transparency and open communication during the consent process by acknowledging past research harms and ensuring adequate time.	50%
• Put in place requirements and resources for consenting multi-lingual populations who prefer a language other than English.	13%
Identifying Your Participant Pool Intentionally for the Research Question	
• Ensure inclusive study sample strategies are appropriate to study question.	50%
★ • Avoid inclusion/exclusion criteria that systematically excludes particular populations, i.e., as a result of not having access to clinical spaces, not speaking English proficiently, or not possessing a social security number.	63%
• Educate participants about the need for representative samples.	25%
Developing Appropriate Recruitment and Retention Strategies	
★ • Recruitment strategies must respond to the needs of the communities being studied.	88%
• Develop strategies to increase accessibility for engaging the community of interest.	50%
• Track success of equity in recruitment goals, including who and what populations are asked to participate in research and who consents.	13%
Develop Accessible Recruitment Materials	
★ • Creatively disseminate study recruitment materials for targeted outreach.	63%
★ • Use principles of inclusive and universal design in study materials, to make materials accessible to populations with low literacy and low health literacy.	75%
• Create culturally and linguistically appropriate materials for recruiting multi-lingual populations.	50%
• Include community members in designing recruitment materials.	0%

MEASUREMENT AND DATA COLLECTION

	PERCENT ENDORSING IN THE TOP 50% FOR EACH STAGE
Conceptualization of Race as A Study Variable	
★ • Avoid the fallacy of race-neutral research by including measures of race and clearly state how race might serve as a risk marker for certain outcomes.	75%
• Have a clear understanding of why a study must include the measurement of racial categories.	38%
• Use self-categorized/self-reported measures of participants' racial and ethnic identities.	50%
• Use specific terminology for racial and ethnic categories and collect race and ethnicity data separately.	38%
★ • Determine ways to specifically measure forms of racism, beyond relying on racial categories as a risk marker.	75%
• Recognize the limitations of using racial categories and using race as risk marker for differential experiences including racism.	25%
• When using existing data, assure that the hypotheses and study design are appropriate for inherent data limitations with respect to race, ethnicity, and measures of racism.	0%
• Consider racialization as a distinct concept that may be impacting your research question and may need to be separately operationalized.	0%
Assigning Community Partners a Role in Data Collection	
★ • Engage community partners in selecting culturally and linguistically appropriate measures and instruments, for both translated and non-translated materials.	88%
• Empower and explicitly ask community partners and other study co-team members to challenge assumptions and allow time for self-reflection before and while data is being collected.	50%
• Ensure data sovereignty is addressed and made transparent prior to collecting data.	0%
• Allow populations participating in research to select incentives for participation.	0%
Consider All Relevant Constructs That Should Be Measured Along with Race	
★ • Measure and name other relevant constructs, such as socio-economic status, sexual and gender identities, and community-and system-level factors and policies.	88%
• Ask about all identities and then engage research participants and community partners in selecting appropriate ways to aggregate or disaggregate data.	38%
Collecting Valid Measures from Diverse Populations in a Way That Minimizes Power Imbalances	
★ • Select measures that are culturally appropriate.	63%
• Choose the person who will be collecting data wisely to ensure inclusive and safe spaces.	38%
• Improve accessibility of data collection.	25%
• Balance the need for collecting comprehensive data with attempts to be minimally intrusive when collecting sensitive information.	13%

DATA ANALYSIS	PERCENT ENDORSING IN THE TOP 50% FOR EACH STAGE
Consider The Proper Unit for Analyses That Best Matches the Conceptual Framework and Research Question	
★ • Wherever possible, without compromising participant safety and privacy, disaggregate data on racial and ethnic groups to be able to examine variation between groups.	75%
★ • Consider stratifying by race instead of controlling for it, to examine heterogeneity of exposures and outcomes.	75%
Justify Selection of Reference Groups	
★ • Avoid relying on White supremacist assumptions that treat White participants as the norm, except where this comparison is justified.	63%
• Consider comparing groups to the population mean.	50%
Choosing Appropriate Analytic Approaches Based on Conceptual Framework-Guided Hypothesis	
★ • Consider analyzing relevant covariates that reflect structural influences of health.	63%
★ • Consider multi-level models, mediation, and moderation to account for structural factors that impact relationships between race and ethnicity and the outcome of interest.	63%
Consider How Intersectionality of Variables Is Accounted for In Analyses	
• Unexplained variance may be explained by intersectionality between measured variables.	0%
• Consider a priori intersectional data analytic strategies that account for participants' overlapping demographic characteristics (race, ethnicity, nativity, SES, sex, sexuality, insurance, gender, rurality, etc.), rather than fully relying on posthoc analyses for such issues.	38%
Engage Communities of Interest in Data Review	
• Periodically share data with community partners and empower them in shaping analytic choices, such as demographic aggregation and disaggregation and cut points, selection of co-variates, and stratification.	38%

DATA REPORTING AND INTERPRETATION OF RESULTS

	PERCENT ENDORSING IN THE TOP 50% FOR EACH STAGE
Writing About Findings Related to Racial Groups	
★ • Reiterate what the social construct of race is representing and delineating racial categories from experiences of different levels of racism when describing research findings to avoid misattribution.	88%
★ • Emphasize strengths-based, instead of deficit-based or victim-blaming interpretations of study findings.	75%
• Provide sufficient historical and contextual information about the study setting and population.	0%
• Use precise descriptors of racial and ethnic categories.	50%
• Instead of "minorities," use terms like "minoritized," "marginalized," and/or describe "historically and continued exclusion" to specify the context and reflect active structural processes individuals and communities are subjected to.	38%
★ • Follow standards for using inclusive language to demonstrate respect for included populations.	63%
• Report on race and ethnicity to determine the representativeness of the study across multiple study designs and methodologies.	38%
Interpret Findings Within the Context of Understanding and Mitigating the Effects of Structural Racism	
• Use study findings to inform future research to continue to understand and dismantle structural racism.	38%
• Use discussion section to contextualize how study findings may be used to dismantle oppressive systems.	50%
★ • Where appropriate, use a structural analysis, such as an iteration of Critical Race Theory (e.g., MedCrit, Discrit, etc.) or the Five Whys framework, to better understand and write about the potential root causes of your findings.	88%
Improving Transparency During Data Reporting	
★ • Consider use of positionality statements to acknowledge the role of researchers' identity when discussing research findings.	63%
• Note appropriate limitations, including where findings should not be considered generalizable or where unable to account for intersectionality (e.g., when sexual or gender identity could not be collected).	50%
• Specify languages spoken among participants and avoid overgeneralization.	50%
Engaging Community Partners in Data Reporting	
★ • Engage in member checking to ensure that research findings resonate with members of the population of interest.	63%

DISSEMINATION OF FINDINGS	PERCENT ENDORSING IN THE TOP 50% FOR EACH STAGE
Elevate Marginalized Voices	
• Cite minoritized researchers in dissemination products (e.g., academic publications and presentations).	13%
• Include community partners as co-authors on dissemination products when appropriate.	38%
• Consider data sovereignty principles to allow for community input in how raw data and findings are used and disseminated.	0%
Increasing Accessibility of Research Findings	
★ • Engage community partners to identify optimal dissemination modalities using methods appropriate to the needs of the community.	100%
• Incorporate communication training to effectively translate research findings to practice.	38%
• Ensure data and research findings are publicly available and intentionally shared with research participants to promote change.	50%
★ • Identify inclusive ways for sharing research findings with racially, ethnically, linguistically, and neurodevelopmentally diverse audiences and the community in which the work was completed (e.g., town halls, direct outreach, podcasts, visual medium, op-eds, blog posts, etc.).	63%

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★ Abridged guidance for each stage of the research process

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PROJECT DEVELOPMENT

- Develop institutional infrastructure to support the creation of diverse research teams.
- Recruit team members with diverse, representative, and intersectional expertise and experiences, considering multidisciplinary multilingual team members.
- Elevate community members as empowered, equal, and compensated members of the research team at each step of the research process.
- Develop research priorities that are important to populations of interest.
- Include community representation in the development of the research question and be explicit about how community is defined.
- Ensure research team training on cultural humility, including specific focus on the communities of interest.
- Ensure all research team members have a shared mental model including shared definitions of key constructs, like equity, equality and community.
- Use root cause analysis to develop an appropriate conceptual framework including structural resilience and strengths to guide study design and methods.
- Consider how race, ethnicity, and racism fit into conceptual frameworks, and name racism explicitly where relevant.
- Specify levels of racism (structural, institutional, interpersonal, and internalized) and types of racism (e.g., medical, cultural, environmental, legal) in conceptual frameworks.
- Ensure that interventions being studied are culturally appropriate and responsive.

PARTICIPANT INCLUSION

- Assure that informed consent processes are tailored to the population of interest, and consider digital and analog processes in accordance with potential participants' preferences.
- Avoid inclusion/exclusion criteria that systematically excludes particular populations, i.e., as a result of not having access to clinical spaces, not speaking English proficiently, or not possessing a social security number.
- Recruitment strategies must respond to the needs of the communities being studied.
- Creatively disseminate study recruitment materials for targeted outreach.
- Use principles of inclusive and universal design in study materials, to make materials accessible to populations with low literacy and low health literacy.

MEASUREMENT AND DATA COLLECTION

- Avoid the fallacy of race-neutral research by including measures of race and clearly state how race might serve as a risk marker for certain outcomes.
- Determine ways to specifically measure forms of racism, beyond relying on racial categories as a risk marker.
- Engage community partners in selecting culturally and linguistically appropriate measures and instruments, for both translated and non-translated materials.
- Measure and name other relevant constructs, such as socio-economic status, sexual and gender identities, and community-and system-level factors and policies.
- Select measures that are culturally appropriate.

DATA ANALYSIS

- Wherever possible without compromising participant safety and privacy, disaggregate data on racial and ethnic groups to be able to examine variation between groups.
- Consider stratifying by race instead of controlling for it, to examine heterogeneity of exposures and outcomes.
- Avoid relying on White supremacist assumptions that treat White participants as the norm, except where this comparison is justified.
- Consider analyzing relevant covariates that reflect structural influencers of health.
- Consider multi-level models, mediation, and moderation to account for structural factors that impact relationships between race and ethnicity and the outcome of interest.

DATA REPORTING AND INTERPRETATION OF RESULTS

- Reiterate what the social construct of race is representing and delineating racial categories from experiences of different levels of racism when describing research findings to avoid misattribution.
- Emphasize strengths-based, instead of deficit-based or victim-blaming interpretations of study findings.
- Follow standards for using inclusive language to demonstrate respect for included populations.
- Where appropriate, use a structural analysis, such as an iteration of Critical Race Theory (e.g., MedCrit, Discrit, etc.) or the Five Whys framework, to better understand and write about the potential root causes of your findings.
- Consider use of positionality statements to acknowledge the role of researchers' identity when discussing research findings.
- Engage in member checking to ensure that research findings resonate with members of the population of interest.

DISSEMINATION OF FINDINGS

- Engage community partners to identify optimal dissemination modalities using methods appropriate to the needs of the community.
- Identify inclusive ways for sharing research findings with racially, ethnically, linguistically, and neurodevelopmentally diverse audiences and the community in which the work was completed (e.g., town halls, direct outreach, podcasts, visual medium, op-eds, blog posts, etc.).

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