

Project Planning EDII checklist

To ensure that CCCTG research meets our Equity, Diversity, Inclusion and Indigeneity (EDII) goals, please review these criteria during the planning of research projects. This checklist serves as a guide to remind investigators to consider these elements. Not meeting all items in the checklist does not signify that the project should not proceed rather this serves as a tool to acknowledge where gaps exist. The CCCTG will not mandate inclusion of all EDII elements.

EDII Item	Yes No NA
1. The proposal addresses EDII.	Yes No NA
Steering Committee (SC) Composition (Based on CCCTG EDI Policy)	
1. The SC has been convened.	Yes No NA
2. The SC includes at least 30% women.	Yes No NA
3. The SC includes inter-professional representation (at least 20% non-physicians).	Yes No NA
4. The SC includes early career investigators (within 5 years of completing training).	Yes No NA
5. The SC includes at least one learner member.	Yes No NA
6. The SC includes one or more members who identify as Indigenous Peoples (First Nations, Métis or Inuk (Inuit)).	Yes No NA
7. The SC includes one or more visible minority members. According to the Canadian Employment Equity Act, visible minority refers to “persons, other than Aboriginal peoples, who are non-Caucasian in race or non-White in colour.”	Yes No NA
8. The SC includes patient and family partner representatives.	Yes No NA
9. Clear effort has been made to include one or more members of the SC who identify as having a disability.	Yes No NA
10. Clear effort has been made to include one or more member of the SC who identify as gender diverse.	Yes No NA
Participant Demographics	
1. Justification was provided for all eligibility criteria	Yes No NA
2. The study does not exclude individuals based on the following attributes; age, sex, sex-specific conditions (e.g. pregnancy, lactation, menopause), sexual orientation, gender, race and ethnicity, religion, sex, limited English language proficiency, educational attainment, socioeconomic status, employment status, marital status, cognitive ability, physical ability or disability, chronic health condition, comorbidity, housing (e.g. individuals experiencing homelessness or precarious housing) or geographic distance from investigating site unless there is a valid reason for exclusion (e.g., pediatric study evaluating a pediatric condition).	Yes No NA
3. This study team has considered and implemented strategies (e.g., engaging specific communities) to recruit participants from diverse racial and ethnic groups (i.e., Indigenous (Inuit, Métis, First Nations));	Yes No NA

Arab/West Asian (e.g., Armenian, Egyptian, Iranian, Lebanese, Moroccan); Black (e.g., African, Haitian, Jamaican, Somali); Chinese; Filipino; Japanese; Korean; Latin American; South Asian; South East Asian; White (Caucasian); other).	
4. This study will include both male and female participants.	Yes No NA
5. The study will include participants who self-identify as gender diverse.	Yes No NA
6. The study will collect demographic information (i.e., age, sex, gender, race and ethnicity, income, education, employment status, socio-economic status, marital status, immigration status) regarding participants. (If yes, please complete sub checklist 1)	Yes No NA
7. Demographic information questions have been adapted from the CCCTG standardized data collection tool (https://www.ccctg.ca/intranet/documents/equity-diversity-and-inclusion?resourceID=493).	Yes No NA
Subgroup Analyses	
1. Is there an analytic plan for taking sex and gender (or SGBA+) into consideration (i.e., sex and gender-based analysis)?	Yes No NA
2. Will data be disaggregated by sex/gender to assess for differences in clinical response between male/female and/or men/women/non-binary genders?	Yes No NA
3. Is there an analytic plan to control for sex/gender as confounding variables?	Yes No NA
4. Will interaction analyses be conducted to account for sex/gender (i.e., including sex/gender as intersectional variables of interest)?	Yes No NA
5. Will the study conduct mediation modeling to estimate sex/gender differences in effect?	Yes No NA
6. Is there an analytic plan for taking race and ethnicity into consideration?	Yes No NA
7. Is there an analytic plan for taking age group into consideration?	Yes No NA
Community Consultation	
1. Does this project require community consultation?	Yes No NA
2. Will this project consult with the community?	Yes No NA
3. If consulting with Indigenous communities does the proposed research follow guidelines and best practices on how to approach and engage communities with cultural humility?	Yes No NA
Dissemination of findings	
1. Will the research findings be published as open access?	Yes No NA
2. Will there be an open access lay summary of the research findings?	Yes No NA

REB justification for collection of demographic data (particularly race and ethnicity)

Sociodemographic determinants of health (SDoH) include variables such as race and ethnicity, sex, gender, sexual orientation, educational status, employment status, etc. Collecting and reporting SDoH

can help identify and address health inequities. Ethnodemographic (ethnicity) and gender identity data, including whether the participant identifies as Indigenous (First Nations, Inuit, Métis), will be used for descriptive purposes (i.e., to describe the study participants). Any analysis (e.g., correlations) will be used to identify health inequities. Further, any publications or presentations arising from this study will acknowledge that any conclusions based on the description of participant race and ethnicity and gender identity are preliminary and will also note that unsubstantiated conclusions should not be drawn about any specific participant populations without further investigation.

Note:

Studies intending to use ethnodemographic (ethnicity) and gender identity data for analysis purposes (beyond describing the study cohort) should provide a scientific rationale for why this is required. Studies that plan to collect Indigenous identity and use this variable for analysis (beyond describing the study cohort) fall under TCPS-2 Chapter 9 and require community consultation (see below).

Per [TCPS2-Chapter 9](#), community engagement with a relevant Indigenous community is required, but not limited to, when:

- *research conducted on First Nations, Inuit or Métis lands*
- *recruitment criteria that include Indigenous identity as a factor for the entire study or for a subgroup in the study*
- *research that seeks input from participants regarding a community's cultural heritage, artefacts, traditional knowledge or unique characteristics*
- ***research in which Indigenous identity or membership in an Indigenous community is used as a variable for the purpose of analysis of the research data***
- *interpretation of research results that will refer to Indigenous communities, peoples, language, history or culture.*

Sub Checklist 1: Participants' demographic information

This study will collect data regarding participants'...	
1. pronouns	Yes No NA
2. age	Yes No NA
3. income	Yes No NA
4. marital status	Yes No NA
5. education	Yes No NA
6. sex	Yes No NA
7. non-binary gender identity	Yes No NA
8. sexual orientation	Yes No NA
9. race and ethnicity	Yes No NA
10. English language proficiency	Yes No NA
11. ability / disability	Yes No NA
12. immigration status / generation status	Yes No NA
13. employment status	Yes No NA
14. primary care physician/practitioner	Yes No NA
15. health insurance	Yes No NA
16. Internet access	Yes No NA
17. housing security	Yes No NA
18. food security	Yes No NA
19. dependents	Yes No NA
20. religion	Yes No NA
21. geographic information / distance from hospital	Yes No NA
22. transportation availability	Yes No NA
23. OHIP / health insurance	Yes No NA

References

Buttery SC, Philip KEJ, Alghamdi SM, Williams PJ, Quint JQ, Hopkinson NS. Reporting of data on participant ethnicity and socioeconomic status in high-impact medical journals: a targeted literature review. *BMJ Open*. 2022 Aug 17;12(8):e064276. doi: 10.1136/bmjopen-2022-064276.

Farah Kader, Perla Chebli, Disaggregation of Race and Ethnicity Group Data: Research-to-Practice Issues in Clinical Environments. *JAMA*. 2022 Oct 11;328(14):1395-1396. doi: 10.1001/jama.2022.17194.

Heidari S, Babor TF, De Castro P, Tort S, Curno M. Sex and Gender Equity in Research: rationale for the SAGER guidelines and recommended use. *Res Integr Peer Rev*. 2016 May 3;1:2. doi: 10.1186/s41073-016-0007-6. eCollection 2016

Howard AF, Li H, Lynch K, Haljan G. Health Equity: A Priority for Critical Illness Survivorship Research. *Crit Care Explor*. 2022 Oct 25;4(10):e0783. doi: 10.1097/CCE.0000000000000783. eCollection 2022 Oct

Maduka RC, Broderick M, White EM, Ballouz D, Sandhu H, Kwakye G, Chen H, Sandhu G. The Reporting of Race and Ethnicity in Surgery Literature. *JAMA Surg*. 2021 Nov 1;156(11):1036-1041. doi: 10.1001/jamasurg.2021.3752.

Stanbrook MB, Salami B. CMAJ's new guidance on the reporting of race and ethnicity in research articles. *CMAJ* 2023 Feb 13;195(6):E236-E238. doi: 10.1503/cmaj.230144.

The Editors. Striving for Diversity in Research Studies. *N Engl J Med* . 2021 Oct 7;385(15):1429-1430. doi: 10.1056/NEJMe2114651. Epub 2021 Sep 13.

Harriette G C Van Spall 1, Andrew Toren, Alex Kiss, Robert A Fowler. Eligibility criteria of randomized controlled trials published in high-impact general medical journals: a systematic sampling review. *JAMA*. 2007 Mar 21;297(11):1233-40. doi: 10.1001/jama.297.11.1233.

Welch V, Doull M, Yoganathan M, Jull J, Boscoe M, Coen SE, Marshall Z, Pardo JP, Pederson A, Petkovic J, Puil L, Quinlan L, Shea B, Rader T, Runnels V, Tudiver S. Reporting of sex and gender in randomized controlled trials in Canada: a cross-sectional methods study. *Res Integr Peer Rev*. 2017 Sep 1;2:15. doi: 10.1186/s41073-017-0039-6. eCollection 2017.

Orkin AM, Nicoll G, Persaud N, Pinto AD. Reporting of Sociodemographic Variables in Randomized Clinical Trials, 2014-2020. *JAMA Netw Open*. 2021;4(6):e2110700. doi:10.1001/jamanetworkopen.2021.10700

Pinto AD, Glattstein-Young G, Mohamed A, Bloch G, Leung FH, Glazier RH. Building a Foundation to Reduce Health Inequities: Routine Collection of Sociodemographic Data in Primary Care. *J Am*

Board Fam Med. 2016 May-Jun;29(3):348-55. doi: 10.3122/jabfm.2016.03.150280. PMID: 27170792.

Kirst, M., Shankardass, K., Bomze, S., Lofters, A. & Quiñonez, C. Sociodemographic data collection for health equity measurement: A mixed methods study examining public opinions. *Int. J. Equity Health* **12**, (2013).

Yiyan Li PhD, Kirsten Fiest PhD, Karen EA Burns MD MSc, Katie O'Hearn MSc, Christina Maratta MDCM MPH, Kusum Menon MD MSc, Bram Rochweg MD MSc, Srinivas Murthy MD, Rob Fowler MD MSc, Sangeeta Mehta MD Yiyan Li PhD, Kirsten Fiest PhD, Karen EA Burns MD MSc, S. M. M. Addressing healthcare inequities in Canadian critical care through inclusive science: a pilot tool for standardized data collection. *Can. J. Anesth. Can. d'anesthésie* **In press**, (2023).