



Special Notes for Primary Authors of HCHS/SOL Papers

1) REQUIRED USE OF THE STUDY NAME

Hispanic Community Health Study / Study of Latinos is the full name of the study and must be used either in complete form or abbreviated as HCHS/SOL. Do not use *any* alternate abbreviations or a hyphen.

The study name should appear in the title of the paper, including ancillary study papers.

The title of papers should include the study name as shown in the examples below (#1, 2 are preferred, #3 is an adequate short option).

1. *The Association Between Ankle Brachial Index and Physical Activity in a Hispanic Population: Results from the Hispanic Community Health Study/Study of Latinos (HCHS/SOL).*
2. *NOS1AP variant associated with incidence of type 2 diabetes in calcium channel blocker users in the Hispanic Community Health Study/Study of Latinos (HCHS/SOL).*
3. *The Association Between Ankle Brachial Index and Physical Activity in a Hispanic Population: Results from HCHS/SOL.*

In the body of papers, the study should be referred to by the acronym HCHS/SOL and the study population as Hispanic/Latino (or Hispanic and Latino). Use the term Hispanic/Latino throughout your paper, refrain from using either term alone or interchangeably and the study prefers that no abbreviation be substituted for Hispanic/Latino (e.g., H/L is not acceptable).

Importantly, if the journal edits the title and removes the study name, you must remember to ensure the reference to “Hispanic Community Health Study / Study of Latinos” is in the abstract. This requirement enables the paper to be identified by reference searches.

2) PRESENTATIONS / POSTERS

Abstracts should be derived from approved paper proposals. Abstracts—after sign-off by all co-authors—must be submitted to the Publications Committee (PC) for review at least two weeks before the due date (be mindful of holiday periods). The process for submission is available on the HCHS/SOL investigator’s website. Abstracts are expeditiously reviewed by PC members. PC reviewers are asked to recommend approval, modifications, or disapproval of the abstract.

The study has templates on the investigator’s website for posters and slide sets. Please use the templates and you may select to use the additional logos/graphics available. Please submit final draft posters or slide presentation sets that have been well-proofed for review by the PC two weeks or more before the printing or submission deadline.

It is permissible to submit previously cleared abstracts to other meetings.

Copies of final abstracts should be sent to the CC for inclusion in the listings of HCHS/SOL Publications and Presentations.

Presenters are to forward final copies of the actual posters or slides used at meetings to the CC for archival purposes.

3) ACKNOWLEDGEMENTS AND FUNDING

All HCHS/SOL papers must appropriately acknowledge the study staff and participants, and NIH funding, by including the following information:

The authors thank the staff and participants of HCHS/SOL for their important contributions.

Investigators website - <http://www.csc.unc.edu/hchs/>

FUNDING:

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Ancillary study papers should use the above text and also include the funding information for the ancillary study. (https://sites.cscc.unc.edu/hchs/sites/default/files/public_docs/Ancillary%20Studies%20Listing%20-20240103.pdf)

4) IF FINAL JOURNAL ARTICLE HAS A CO-AUTHOR FROM NIH

If there is a NIH co-author, an additional Institute review and sign-off is required. Please confirm with your NIH co-author(s) that their Institutional approval has been secured. Your NIH author is the main contact for this process. HCHS/SOL Publications Committee sign-off on the draft manuscript does not indicate the Institute has signed-off.

The acknowledgements section must include the following text :

“The views expressed in this manuscript are those of the authors and do not necessarily represent the views of the National Heart, Lung, and Blood Institute; the National Institutes of Health; or the U.S. Department of Health and Human Services.” (Substitute another institute name as appropriate).

5) NIH PUBLIC ACCESS POLICY

To comply with NIH Public Access Policy, all manuscripts are required to be submitted to PubMed Central upon acceptance for publication. If your paper is accepted for publication in a journal that deposits all final published articles in PubMed Central, no author involvement is required. If the journal does not automatically deposit all final manuscripts into PubMed Central, you MUST deposit the final peer-reviewed manuscript in PubMed Central via the NIH Manuscript Submission System (NIHMS): <http://www.nihms.nih.gov/>, and also associate the manuscript with *all* parent study contracts, plus any relevant ancillary study grant numbers, e.g., through NCBI (https://www.nlm.nih.gov/pubs/techbull/ja12/ja12_myncbi_new_features.html). More information regarding NIH Public Access Policy can be found here: <http://publicaccess.nih.gov/>

6) NOMENCLATURE AND BIAS-FREE LANGUAGE

We strongly encourage all authors to familiarize themselves with and integrate existing recommendations for bias-free, inclusive language in their manuscripts, abstracts, and other materials for dissemination. Guidelines for bias-free, inclusive language continue to evolve, and expectations may vary by journal target.

Some helpful recent resources include the following:

American Medical Association and Association of American Medical Colleges. (2021) Advancing Health Equity: Guide on Language, Narrative and Concepts. Available at <https://www.ama-assn.org/system/files/ama-aamc-equity-guide.pdf>

Flanagin A, Frey T, Christiansen SL; AMA Manual of Style Committee. Updated Guidance on the Reporting of Race and Ethnicity in Medical and Science Journals. JAMA. 2021 Aug 17;326(7):621-627. doi: 10.1001/jama.2021.13304. PMID: 34402850. <https://jamanetwork.com/journals/jama/fullarticle/2783090>

American Psychological Association (APA) Journal Article Reporting Standards for Race, Ethnicity, and Culture (JARS-REC) <https://apastyle.apa.org/jars/rec-table-1.pdf>

APA Style Guide for Bias Free Language: <https://apastyle.apa.org/style-grammar-guidelines/bias-free-language>

Please review and integrate the suggestions from these documents. In addition, below we address the use of gender and sex, and ethnicity, race, and heritage in relation to the specific assessments and population of HCHS/SOL.



7) GENDER AND SEX

We ask that authors use the appropriate term in their manuscript when referring to sex or to gender depending on the research question.

Sex refers to “sex assigned, or recorded, at birth” as male or female and determined by a medical provider at birth based on the person’s anatomy. This may or may not align with how a person identifies themselves.

Gender or gender identity refers to the social, psychological, and emotional traits, attitudes, norms and behaviors, that go into whether people classify themselves as man, woman, both, or neither. Gender identity may or may not be consistent with sex determined at birth.

In HCHS/SOL at baseline, interviewers were asked to code (based on participant presentation) or enquire whether the person was male or female. This was consistent with conventions at the time, though it is acknowledged to be problematic based on our current understanding of sex and gender. If using the variable from baseline, studies should refer to “sex” as we did not assess gender.

At Visit 3, the examination included items assessing self-reported sex assigned at birth as well as gender identity. These variables will be available after the Visit 3 exam.

For more information on the constructs of sex and gender in in the research context, see:

Barr E, Popkin R, Roodzant E, Jaworski B, Temkin SM. Gender as a social and structural variable: Research perspectives from the National Institutes of Health (NIH). *Transl Behav Med.* 2024 Jan 11;14(1):13-22. doi: 10.1093/tbm/ibad014. PMID: 37074158.

8) RACE AND ETHNICITY.

We remind HCHS/SOL investigators that race and ethnicity are socially constructed and have no biological basis.

8.1) Race - In relation to race, participants were asked the following: “In addition to being of Hispanic/Latino heritage, which of the following categories would you use to describe yourself?” Mark only one [race identifiers]. Many participants did not endorse any racial category (refused or unknown; n=6410) or selected “more than one race” (n=2756). The construct of race versus ethnicity is not familiar to many cohort members. Therefore, we do not recommend using the self-reported race variable in analyses.

8.2) Ethnicity - Hispanic/Latino. The Hispanic Community Health Study/Study of Latinos recommended ethnic identifier is “Hispanic/Latino” for our population; all authors are asked to use both terms throughout their manuscripts. Hispanic/Latino counts as one word; this will not increase the manuscript word count. Please do not abbreviate or use either term alone.

The terms Hispanic and Latino are often used interchangeably in the United States. However, in some cases, they are differentiated so that the term Hispanic is used to refer to people from Spain and other Spanish-speaking countries in South America, Central America and the Caribbean, and subsequent generations of their offspring born in the US, whereas “Latino” may be used more specifically to refer to people from Latin America regardless of language. “Hispanic” and “Latino” are generally not familiar terms to individuals outside of the US.

The terms Hispanic/Latino are recommended because:

1) This is the nomenclature used on the US census form and thus the cohort can be compared with other national data sets where these identifiers are used.

2) This is consistent with terms used in recruitment. The HCHS/SOL used the following question on the eligibility checklist (ELE form): “Do you consider yourself Hispanic/Latino?” If the respondent was unsure or confused by the question the recruiter was allowed to prompt the potential participant with the following statement: “we consider Hispanic/Latino individuals to be people from Latin America, South America, Central America and the Caribbean.” Once enrolled and consented, participants were asked the following question to



determine their heritage/background (PIE form). “Which of the following best describes your Hispanic/Latino heritage?, and were then further asked to identify with one or more than one of the following heritage groups: Dominican, Cuban, Central American, South American, Puerto Rican, Mexican, Other.

3) The investigators believe that these terms are most appropriate based on their cultural understanding and experience with language used by the cohort members to describe themselves.

The term LatinX is now being used in other publications and contexts. The HCHS/SOL does not use the term LatinX, as we do not believe this term resonates with the cohort. Further, a study by the Pew Research Center in 2020 found that just 3% of Hispanic/Latino persons overall use the term “Latinx,” and the usage decreases with increasing age. Based on these data and the demographics of study participants (with 2/3 of participants across all 4 study sites being over age 45 at baseline), we expect that many participants would not be familiar with the term or use it to describe themselves. The study prefers not to impose language on participants but instead prefers using the terms participants would use to describe themselves, which are more likely to be “Hispanic” or “Latino” (as well as heritage-specific identifiers). This approach is also consistent with recommendations for inclusive and bias-free language (e.g., <https://www.apa.org/about/apa/equity-diversity-inclusion/language-guidelines.pdf>).

The use of language and terms used for self-identification are constantly changing and evolving. For example, more recently people have begun to use “Latine”, especially in Latin American countries as a more gender-inclusive descriptor. The HCHS/SOL will continue to monitor patterns of language use in our cohort and will revise our recommendations if appropriate.

For an example of how to explain the use of ethnicity terminology used in HCHS/SOL, see:

Pirzada A, Cai J, Heiss G, Sotres-Alvarez D, Gallo LC, Youngblood ME, Avilés-Santa ML, González HM, Isasi CR, Kaplan R, Kunz J, Lash JP, Lee DJ, Llabre MM, Penedo FJ, Rodriguez CJ, Schneiderman N, Sofer T, Talavera GA, Thyagarajan B, Wassertheil-Smoller S, Daviglius ML. Evolving Science on Cardiovascular Disease Among Hispanic/Latino Adults: JACC International. *J Am Coll Cardiol.* 2023 Apr 18;81(15):1505-1520. doi: 10.1016/j.jacc.2023.02.023. PMID: 37045521. (See page 1506, “Terminology”.)

8.3) HERITAGE/BACKGROUND. The Hispanic Community Health Study/Study of Latinos-Publications Committee recommends the use of “heritage” or “background” when describing the diverse subpopulations (e.g. Mexican heritage, Dominican background, etc.). Our sample includes approximately 20% US-born individuals therefore the terms Mexican or Dominican, etc. cannot be used alone. In addition, our sample includes a small percentage who identified more than one heritage or background.