

Obstetrics & Gynecology Equity Rubric

Special Issue on Racism in Reproductive Health

Helpful suggestions and reflective questions to support authors and reviewers in centering racial equity in science

Authors have the option to submit this completed rubric with manuscript submissions to the Green Journal. This is optional and will aid reviewers and editors in evaluating the ways in which your work centers health equity principles.

Reviewers will use this tool to systematically assess the strengths of the work in relation to reproductive health equity.

The equity rubric is designed to be a helpful tool—NOT a rigid checklist or scoresheet in which every box must be checked. Not all of the topics in the rubric will be relevant for every submission and the nonapplicable (NA) option can be used when this is the case.

This document represents a starting point, rather than a destination. We hope that this resource will help researchers center health equity as they conceptualize projects, design studies, analyze data, and interpret results in the future. We will continue to refine it as we learn more. Your feedback is welcomed with your submission or review.

Obstetrics & Gynecology Equity Rubric

Section and Topics	Description	Line# or NA
1. Positionality Statement (Optional)		
Author Positionality and Reflection	a. Did the authors include a positionality statement in the <u>authors' disclosures</u> or <u>Discussion</u> sections? <i>For some authors, there may be personal safety or other concerns about disclosing social identities, so including a positionality statement is optional.</i> <i>Background on Positionality Statements¹⁻³ and Examples^{4,5}</i>	
	b. Does the positionality statement transparently report how authors' identities relate to the research topic and clarify the authors' limitations in speaking on behalf of the communities in the study?	
	c. Does the investigator team reflect the participants or community in the study? <i>Use the positionality statement to make this determination; if there is no positionality statement, mark "NA"</i>	
	d. If the investigator team does not reflect the study participants or community, does the positionality statement acknowledge potential biases or limitations to answering the proposed research question?	
	e. Do investigators document what they have done to address the limitations noted above?	
2. Introduction		
Centering Health Equity	a. Is there a discussion of why the research question was selected and how the research may improve health outcomes for marginalized racial and ethnic populations to reduce racial health inequities?	
Framework and Contextual Factors	b. Is a framework/conceptual model to study race and ethnicity specified? ⁶⁻⁹	
	c. If the manuscript describes populations at risk for routine exposures to racism, are social and structural forms of racism and bias discussed? Does the manuscript engage with the concept that racism, rather than race, is often a key causal factor for poorer average health outcomes of a racial or ethnic group?	
3. Methods		
Community Engagement	a. Do the authors specify the role and involvement of the community, patients, or people being studied in the research process? <i>For example, development of research topic, validation of tools, advisory board, or interpretation of results.</i>	
Ascertainment	b. Do the authors describe how data on race and ethnicity were collected and assessed? <i>For example self-identified, specified in electronic medical record, categories provided vs. open response, or ability to select multiple options.</i>	
Recruitment	c. Do the authors describe the ways in which recruitment strategies do or do not reflect imbalances of power?	
Analysis	d. Do the authors provide a rationale for the analytical use of race and ethnicity as covariate(s) in multivariable-adjusted quantitative models?	
4. Results		
Framing	a. Do the authors avoid statements that imply that a person's race or ethnicity caused their outcomes? ¹⁰ <i>For example, "Black adults did not respond to x intervention." Instead, "Among Black adults, x intervention was less effective."</i>	
5. Discussion		
Interpretation of results	a. Do the authors discuss relevant social and structural influences that can affect the study question or outcome, such as the social determinants of health and other factors?	

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	b. Are genetic explanations , in isolation, of findings that have plausible alternative social causes avoided?	
Health Equity Promotion	c. Do the conclusions contribute to reducing racial and ethnic health inequities and improving the health of people who are marginalized on the basis of race or ethnicity?	
6. Terminology		
Respectful Language	a. Does the terminology or language in the narratives and descriptions of concepts throughout the manuscript consistently promote the dignity of the people being studied?	
	b. Are race and ethnicity terms capitalized and used as adjectives rather than nouns? ^{11,12} <i>For example, “Black patients,” not “blacks”, “White patients,” not “whites.”</i> Is recommended terminology for race and ethnicity used? ¹² <i>For example, Hispanic and Latino/a/-x/e are ethnicities and do not denote race; the term “White” is preferred over Caucasian in the context of the United States.</i>	
7. Overall		
“Centering the margins”	a. Are the perspectives of people with marginalized identities centered to avoid White-dominant perspectives? ¹³	
Intersectional Identities	b. Are the ways in which systems of racism affect “the interconnected nature of social categorizations ” (eg, race, ethnicity, class, gender, sexuality, disability, weight) to compound systems of disadvantage and privilege acknowledged? ¹³	
Disciplinary bias	c. Are there cultural or research norms in obstetrics and gynecology that, if not adequately considered, may bias one’s understanding of the research?	
8. References		
Inclusive Bibliography	a. Does the manuscript cite and acknowledge pioneers of frameworks, concepts, and literature relevant to the article, especially those with relevant historically marginalized identities ? ^{14,15}	
Notes:		

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APPENDIX

1a. Positionality Statements: Background

Green Journal Special Issue on Racism in Reproductive Health Live Webinar Slides 18-19:³

https://journals.lww.com/greenjournal/Documents/Special_Issue_Webinar_Slides.pdf

Green Journal Special Issue on Racism in Reproductive Health Live Webinar October 25, 2022 *Positionality Section* (17:08-19:09):

<https://www.youtube.com/watch?v=4ZV5yGdAuKo>

Positionality & Research: How our Identities Shape inquiry: <https://www.youtube.com/watch?v=fTHFud7fr8c>

Positional Statements: <https://www.youtube.com/watch?v=GpcIVzGYhVs>

1a. Positionality Statements: Examples

Green Journal Special Issue on Racism in Reproductive Health Live Webinar Introductions (1:22-2:47) and Dr. Whitehair (17:37-18:37):

<https://www.youtube.com/watch?v=4ZV5yGdAuKo>

“Our interdisciplinary and diverse research team provided a unique lens for this study. Among 10 interview team members, there were 3 Black or African American individuals; 3 East Asian, Southeast Asian, or South Asian individuals (30.0%); 2 individuals with Hispanic, Latinx, or Spanish origin (20.0%); and 2 White individuals. There were 9 (90.0%) women, and education ranged from undergraduate student (2 individuals) to doctoral degree (3 individuals) (eTable 1 in the Supplement). Interview guide development was shaped by team members’ qualitative and clinical medicine expertise, as well as lived experiences of team members who identified as members of racial or ethnic minority groups. When conducting interviews and qualitative analysis, our diverse lived experiences, including membership in gender and racial or ethnic minority groups and varied socioeconomic status (eTable 1 in the Supplement), informed probing questions and may have been associated with deeper responses from participants. The interview team considered the ways in which their own backgrounds, experiences, and assumptions may have been associated with their interactions with participants. We needed to address whether interviewers’ race and ethnicity and lived experiences may have been associated with participants’ willingness to talk openly about experiences with racism and antiracist practices or how this may have been associated with their responses.”⁴

7a. Centering the Margins

Medical literature is usually rooted in “White” or “dominant” group’s perspectives, even if the purpose is to understand problems that disproportionately affect historically marginalized people.¹³ This approach reinforces marginalization of perspectives that are not mainstream. Typical approaches may stigmatize a community and have publication bias against findings based on alternative approaches that emphasize a positive outcome.¹³ Authors are encouraged to interrogate these biases and strive to report findings in ways that do not only center dominant group’s perspectives. Diverse investigator teams can greatly help in this regard.

7c. Disciplinary Bias

For example, a study concludes that there are racial disparities in cesarean section rates, with higher rates among Black and Hispanic women, and the disparity is largely driven by the diagnosis of nonreassuring fetal tracing (NRFHT). However, failure to acknowledge or understand that there is subjectivity in making the diagnosis of NRFHT and the variability interpretation of category II tracings, may result in assumption that there is physiologic or inherent risk for NRFHT among Black and Hispanic patients.

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