Green Journal
Special Issue
Racism in Reproductive Health: Paving a path to equity

Live Webinar
October 25, 2022
7:00 pm EST

Please answer a few questions to help us get to know each other
Steering Committee Representatives

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St. Louis, MO

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Richelle Smith
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St. Louis Integrated Health Network
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Malavika Prabhu, MD
Massachusetts General Hospital
Boston, MA

Jennifer Whitehair, MD
Tuba City Regional Healthcare Corporation
Navajo Reservation in Tuba City, AZ

Please answer a few questions to help us get to know each other
Special Issue Live Webinar Agenda

1. Mission & Vision
2. Timeline
3. Content
4. Instructions
5. Opportunities for Involvement

Q&A
Green Journal Equity Mission (Draft)

• To build a journal that is
  – equitable,
  – diverse and
  – inclusive

• in its content, composition, goals, policies, standards, operations, practices, culture, and climate with humility.

Adapted from Equity, Diversity, and Inclusion Framework for APA Publishing
VISION
Dismantling Oppression in all Forms

This is our first step

Image credit: Ahmad and Zota
Special Issue Vision

- Open Access-available for all
- Expand AND ENGAGE community members, reviewers, and authors
- Source document for reproductive equity scholars
- Shift the conversation from problem definition to strength- and solution-based approaches
- “Experiment and Innovate” for future best practices

We want to break the cycle of cumulative disadvantage, that you see depicted here:

Five quick wins you can do as a journal editor | BMJ
“Scientists and scientific journals have the opportunity to facilitate best practices and ultimately impact racial and ethnic disparities. The written interpretations of science by a few shape the future creation of history and science for many.”

We are the few...
TIMELINE & AUTHORSHIP GUIDELINES
Racism in Reproductive Health: Submission Information

1. Study Team Composition
   – diverse,
   – innovative,
   – inclusive,
   – transdisciplinary

2. Approach:
   – strength-based & solution-driven approach to address racism in reproductive health across the entire range of our submissions.
   – Poetry, art, and additional novel concepts will also be considered in this special issue.
# Racism in Reproductive Health: Author Considerations

<table>
<thead>
<tr>
<th>DO THIS</th>
<th>DO NOT DO THIS</th>
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</table>
| • Contextualize results with conceptual models  
• Use patient-centered research models  
• Cite prior work of scientists from historically marginalized groups  
• Use people-first and affirming language (not “research subjects” or “diabetics”)  
• Move from simple problem documentation to potential solutions and actionable steps. | • Rely on genetic explanations for disparities unless the study specifically focuses on genetic testing |
Racism in Reproductive Health: Author Considerations

Submissions are STRONGLY encouraged from:

– People with the lived experience/expertise of racism,
– Junior faculty,
– Historically Black Colleges and Universities,
– institutions serving Hispanic people,
– tribal colleges and universities, and
– institutions that serve Asian American and Pacific Islander people
Steering Committee
Ideas & Brainstorming

• Rapid Fire/Promising Practices
  – Analogous to Research Letter, ~ 600 words

• Thematic Areas of Interest
  – Research Methods/Equitable use of data
  – Quality Improvement
  – Policy and Institutional Reforms

• Solicit/Encourage
  – Storytelling
  – Qualitative Studies
  – Mixed Method Content
  – Patient and community-led content
Equity Review Considerations

1. **Evaluate** investigative team for diversity
2. **Evaluate** reference list for inclusivity
3. **ASK** “Does the research. . .”
   - Actively promote OB/GYN knowledge that contributes to the wellbeing of all communities?
   - Reinforce racial or ethnic stereotypes of superiority/inferiority and the possible contributions of bias in the research methods?
   - Have the potential to be misused to cause harm?
   - Sample include appropriate descriptions in the abstracts and methods? Did the authors justify and describe their sample inclusion efforts?
   - Utilize inclusive, people-first language?
4. **Consider** next-steps (policies, interventions, D&I science) to promote health parity!
<table>
<thead>
<tr>
<th>Section/Topic</th>
<th>Item No.</th>
<th>Recommendation</th>
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<tbody>
<tr>
<td>Introduction</td>
<td>1a</td>
<td>Discuss a framework (e.g., conceptual model) for studying race and/or ethnicity in this context</td>
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<tr>
<td></td>
<td>1b</td>
<td>Discuss social and structural forms of racism and/or bias</td>
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<tr>
<td>Methods</td>
<td>2a</td>
<td>Describe categorization of race and ethnicity (e.g., self-identification)</td>
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<td>2b</td>
<td>If race and ethnicity are codified by others, be specific in conveying how the categories were attributed</td>
</tr>
<tr>
<td></td>
<td>2c</td>
<td>Describe potential limitations of existing data sources</td>
</tr>
<tr>
<td>Terminology</td>
<td>3a</td>
<td>Capitalize race and ethnicity terms and use as adjectives rather than nouns (e.g., “Black patients,” not “blacks”, “White patients,” not “whites”, etc.)</td>
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<td></td>
<td>3b</td>
<td>Describe specific racial and ethnic makeup of smaller population groups; when possible avoid “non-White” or “Other”</td>
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<tr>
<td></td>
<td>3c</td>
<td>Use accurate terminology: Hispanic and Latino/a/x are ethnicities; the term “White” is preferred over Caucasian</td>
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<tr>
<td>Analyses</td>
<td>4a</td>
<td>Provide context and analytical use of race/ethnicity as a covariate in risk-adjustment models</td>
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<tr>
<td>Results</td>
<td>5a</td>
<td>Avoid statements of causal inference or culpability (e.g., “Black adults did not respond to x medication.” Instead, “Among Black adults, x medication was less effective”)</td>
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<tr>
<td>Discussion</td>
<td>6a</td>
<td>Describe the relevant structural and social factors that influence the study question</td>
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<td></td>
<td>6b</td>
<td>Avoid using genetics in isolation to explain social constructs</td>
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Positionality

• Similar to “Author Contribution Statements”
• Authors transparently report WHAT & HOW
  – Their identities relate to the research/article topic
  – Address potential bias
  – Clarify authors’ social identity in relation to the target population and extent to which they’re represented in the scientific record
  – Reflection on power and unique social location
• Encourage authors to collaborate with diverse teams and co-authors

Positionality Statement: When the manuscript for this article was drafted, one author self-identified as U.S. Black-White American, and four authors self-identified as U.S. White American.

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Reflections around positionality

• Authors are encouraged to consider these questions before submission and, potentially, address positionality and impact in the Discussion.
  – Why am I conducting this research?
  – What roles do my values and worldview play in my selection of the topic or design of the study?
  – Does the design or framing of my research reinforce negative stereotypes about historically excluded and oppressed groups?
  – What are the policy implications of my findings?
  – Could my research be misinterpreted or misused to cause harm, or to negatively affect historically oppressed or excluded groups?
    • If so, what is my responsibility for addressing and mitigating this issue?

The APA Guidelines on Race and Ethnicity in Psychology (APA, 2019)
Summary of Early Green Journal Health Equity Action Plan

• **Improve representation and amplify diverse voices:** Editors, Editorial Board, Reviewers, Authors, Staff, Readers
  – Author/Reviewer Demographic Characteristics
  – Ensure scholars of color are represented as authors, reviewers, editorial board, editors
  – Build inclusive taxonomy of classification terms
  – Diversify commissioning (editorials, commentaries, blogs, podcasts)
  – Engage with communities of color in planning, conducting, interpreting, and communicating research

• **Mentorship and Training**

• **Broaden scope of content**-Special issue and approach of journal
  – **Model for how we move forward**
    • Inclusive Language
    • Transparency in peer review process—already blinding

• **Beginning with racial equity, but more work to do:** sexism, ableism, heterosexism, religious intolerance
Green Journal Call for Special Issue

Racism & Reproductive Health

Call for Special Issue Papers:
Due 2/1/23

Call for New Reviewers

Editorial
Racism in Reproductive Health
We Must DO (Dismantle Oppression) Better

In the shadow of our finest medical facilities, where kings, queens, and chiefs travel thousands of miles for the best medical care in the world, Black mothers and babies continue to die.” Cheryl A. Boyce, MS
I was 5 years old the first time I heard these words delivered in a speech by my late mother, who was the Executive Director of the Ohio Commission on Minority Health. I never imagined that, 40 years later, I’d be delivering babies in one of the fine medical facilities of which she spoke, or that her words would ring as true today as they did in the 1980s when I first heard them. My mother and countless others in the generations before us dedicated their lives to assure that all people would have a just and equitable opportunity to achieve optimal health. They had the daunting task of convincing peers, policymakers, and the public that the disparities they were seeing in obstetrics and gynecology, and in general health care, were not just coincidental, but the result of systemic racism and structural racism designed to maintain a system that has been based on the exploitation and oppression of Black people and other marginalized groups.

Professional
Sherry B. Carter

Sherry B. Carter is from the Division of Maternal-Fetal Medicine and the Division of Clinical Research, Department of Obstetrics and Gynecology, Washington University School of Medicine in St. Louis, St. Louis, Missouri and is the Associate Editor, Equity, for Obstetrics & Gynecology. She can be reached at gineeq@lumc.edu.

Opportunities in the intersection of power and privilege, which creates a dynamic that unfairly benefits some groups while discriminating against others. Power is key to the relationship because it allows the beneficiaries of the system to exist simultaneously and limit resources and rights to marginalized groups. In this Editorial, “dismantling oppression” (DO) refers to the intentional actions we should take to interrupt, change, and mitigate the effects of the unfair system.

Financial Disclosure
Dr. Carter reports that she is paid by her institution from the NIH American Diabetes Association, and the KWF. Foundation. Dr. Carter owns 30% of a partnership and owns a partnership in a consulting company. She is a subject matter expert in obstetrics for Medius General Health and is a consultant for Affinis Healthcare.

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<tr>
<td>Sawsan As-Sanie, MD</td>
<td>MIGS</td>
<td>University of Michigan</td>
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<td>*Samantha Batman, MD</td>
<td>Fellow-Gyn/Onc</td>
<td>MD Anderson</td>
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<td>Teni Brown, MD</td>
<td>Urogyn</td>
<td>Northwestern</td>
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<td>Amanda Bruegl, MD</td>
<td>Gyn/Onc</td>
<td>Oregon Health Sciences University</td>
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<td>Jessica Brumley, CNM, PhD</td>
<td>Midwifery</td>
<td>University of South Florida</td>
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<td>Allison Bryant, MD, MPH</td>
<td>MFM</td>
<td>Massachusetts General</td>
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<td>Joia Crear-Perry, MD</td>
<td>Generalist</td>
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<td>Kemi Doll, MD, MS</td>
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<td>Shaconna Haley, MS</td>
<td>Doula</td>
<td>Spelman College</td>
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<td>Irene Headen, PhD</td>
<td>Public Health</td>
<td>Drexel</td>
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<td>Natalie Hernandez, PhD, MPH</td>
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<td>Rose Horton, MSN</td>
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<td>Emory/AWHONN</td>
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<td>Sascha James-Conterelli, DNP, CNM</td>
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<td>Erica Marsh, MD</td>
<td>REI</td>
<td>University of Michigan</td>
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<td>University of Chicago</td>
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<td>Whitney Robinson, PhD, MSPH</td>
<td>Epidemiology</td>
<td>Duke</td>
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*Green Journal Reproductive Health Equity Scholar-in-Training
*Patient-turned-partner
Q&A Discussion
Racism in Reproductive Health

We Must DO (Dismantle Oppression) Better

In the shadow of our finest medical facilities, where kings, queens, and slaves travel thousands of miles for the best medical care in the world, Black mothers and babies continue to die.” - Cheryl A. Boyce, MS

I was 5 years old the first time I heard these words delivered in a speech by my late mother, who was the Executive Director of the Ohio Commission on Minority Health. I never imagined that, 40 years later, I'd be delivering babies in one of the fine medical facilities of which she spoke, or that her words would ring as true today as they did in the 1980s when I first heard them. My mother and countless others in the generations before us dedicated their lives to assure that all people would have a just and equitable opportunity to achieve optimal health. They had the daunting task of convincing peers and parents that there were racial disparities in health outcomes. It has been many years since those early days, but the sentiment that Black mothers and babies continue to die holds true today.

Today, we have a new generation of health professionals who are committed to eradicating the health disparities that exist within our system. The time is now for us to take action.

Financial Disclosure

Dr. Carter reports that she holds a position at the American College of Obstetricians and Gynecologists. The College has no financial relationships with commercial entities that might have an interest in the results of the research summary presented in this editorial.

Additional Questions: obgyn@greenjournal.org