EQUITY-R
(Equity Questions for Understanding and Improving Text and Research)
Reporting Guidelines for Applying an Equity Lens in Scholarly Writing and Peer Review

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Text section and item name	Section or item description
Notes to authors, editors and reviewer	*Positionality* Researchers, clinicians, and reviewers have identities and lived realities that shape their understandings and interpretations. Because of this, reviews, if ever, are rarely value-free. A reflection on positionality is an important part of undertaking a bias-free review. It is essential to recognize that positionalities can evolve over time and necessitate ongoing self-reflection. Taking stock of positionality requires understanding how "one's position in the social hierarchy vis-à-vis other groups potentially 'limits or broadens' one's understanding of others (Reid et al., 2017, p. 48)." *Intentionality* It is important that reviewers intentionally reflect on their identity, life history, experiences, theoretical beliefs, privilege, and values that might create biases in their view or interpretation of a manuscript. A good place to start for reviewers or editors is to think about their own identity (e.g., age, gender, sexuality, ethnicity, social class, disability status, religion); consider the lens through which they view the world (political, philosophical, and theoretical beliefs), and reflect on what they believe about social processes (language, power, inequity).
Title and abstract	
1. Title	The title and abstract should use equity-focused, person-first language.
Interpretive Statement	Person-first language is the practice of distancing a person from a trait or condition. For example, a sentence, using person-first language should read *A person with sickle cell disease* rather than *A sickle cell patient*. It isn't possible to list all the "right" ways of using language because language and culture are fluid. It is the author's responsibility to stay current on the language of identity and inclusion. Using an incorrect term or word can be insulting or disrespectful; even if the author didn't intend to cause harm, it's the impact that matters. Consult the journal's instructions for authors or a best practice document for the latest recommendations (American Medical Association, Association of American Medical Colleges, 2021).
2. Abstract	The abstract, and the entire paper, should be free of language, statements, and tropes that perpetuate stereotypes or harm.
Interpretive Statement	A trope is a race-based, simplified, and often exaggerated representation or stereotype of a person or group, frequently with negative implications. Examples of writing that perpetuates stereotypes include statements such as *sex workers who grew up poor and had a lack of parenting, or immigrants are primarily responsible for the steep rise in crime, and gay men are responsible for the HIV crisis.*
Introduction	

3. Background	The background should provide the historical context of the phenomenon under investigation. Assess whether inequities and their root cause should be considered in the background section.
Interpretive Statement	For example, in a study that examines maternal outcomes, do the authors discuss in the background and identify gaps within the context of known or suspected upstream factors (e.g., racism) and or structural determinants of health (e.g., access to care, being unhoused) that explain the differences in maternal outcomes?
4. Objectives	Note any objective or hypothesis that compares racial groups (e.g., Black nurses to White nurses). If present, a valid reason for comparing the groups should be identified.
Interpretive Statement	An objective or hypothesis that implies that differences may be due to biological or behavioral/social deficits of one racial group over the other (e.g., a study that compares the physiology of IV insertions in Black patients as difficult relative to their White counterparts) is not scientifically valid and should be avoided. Studies designed to compare the health or condition of racial groups should include an examination of the relevant social, structural, and/or racial inequities and acknowledgment that race is not a biological factor (Fuentes et al., 2019; Umek & Fischer, 2020).
Methods	
5. Study Design	In the method section, the study design should be informed or co-created by the population being studied.
Interpretive Statement	Patients, family members, community-based health advocates, and practitioners can help teams understand how racism appears in clinical care and how to best implement the study's design in an equity-minded manner (Arrington et al., 2024; Snell-Rood et al., 2021).
6. Setting	Authors should discuss ways to enhance inclusivity for study participants. Are culturally and structurally relevant recruitment practices employed to make participation accessible to populations that experience inequities (e.g., transportation, interpretation services, and community outreach, etc.)?
Interpretive Statement	Researchers should strive to actively design research that welcomes and accommodates diverse individuals (age, race, gender, ability, language, sexuality, etc.) by removing barriers to participation, using plain language, offering varied payment/formats, ensuring cultural relevance, and treating participants as collaborators. These strategies ultimately lead to more generalizable, ethical, and effective research outcomes (Britez Ferrante et al., 2024).
7. Participants	Participants should be representative of the population described in the research questions.
Interpretive Statement	Authors should consider collecting data about cultural, linguistic, and socioeconomic covariates. In most studies this could be assessed by examining the demographic table for important covariates. If not present, was the author justified in not examining covariates? Were important participants excluded? For example, the author might acknowledge that certain populations were inaccessible and state the reason why.

8. Participants	Reference point should be chosen equitably. Is there a scientific rationale for the chosen reference group?
Interpretive Statement	Typically, White individuals are selected as the reference category against which all other groups are compared. This sets a standard that outcomes in white individuals are the desired or ideal state. Other reference points such as population mean, or benchmarked data should be used to as an outcome comparator (Arrington et al., 2024). In tables or charts, typically in the descriptive section, does the presentation of race-based categories in a table consist of white participants listed first? The best practice is to list categories in alphabetical order (Flanagin et al., 2021).
9. Variables	A person's identity or any personal characteristic (e.g., race or language) should not be presented as a risk factor for disease or any outcome.
Interpretive Statement	If variables such as race, ethnicity, language, sexual orientation, economic status, etc., are used to identify groups that experience inequities, the authors should state that the characteristic is a proxy for an oppressive/discriminatory practice or structure. If an inequity is identified, the authors must state the actual cause of the inequity instead of presenting identity as a risk factor (i.e., people who experience racism have higher rates of XYZ, instead of people who identify as Black...)?
10. Measurement	When authors measure race or ethnicity the best practice is for participants to self-identify their race and ethnicity.
Interpretive Statement	Race refers to physical differences that groups and cultures consider socially significant. Ethnicity refers to shared cultural characteristics such as language, ancestry, practices, and beliefs. If the author reports the measurement of race or ethnicity, they should include a definition and indicate how they are measured in the data and, if applicable, acknowledge its limitations as a valid measure (Flanagin et al., 2021; Stanbrook & Salami, 2023). If race is included as a research variable, it is important to clarify whether study participants were asked to self-identify and in the case of self-report whether options were provided (e.g., free entry or fill-in option) for participants to specify a category not listed or select more than one category.
11. Measurement	Race should never be used as a proxy measure for any variables.
Interpretive Statement	Do the author(s) use race as a proxy for variables such as ethnicity, culture, skin color, discrimination, genetic markers, or racism? Race should never be used as a measure in these cases. There are valid measures for each of these variables. For example, some clinical guidelines and diagnostic tools have historically used race to estimate kidney function. The estimated glomerular filtration rate (eGFR) calculation often includes a race coefficient, which assumes that Black patients have higher muscle mass and, consequently, higher creatinine levels (Gonlin, 2020; Obermeyer et al., 2019; Tong & Artiga, 2021). This practice uses race as a proxy for physiological differences, including skin color, but has been criticized for its lack of precision and potential to perpetuate health disparities (Gonlin, 2020; Obermeyer et al., 2019; Tong & Artiga, 2021).
12. Analysis	Group and subgroup differences should be sufficiently powered to detect true differences.

Interpretive Statement	If the authors hypothesized different outcomes for different racial or ethnic groups, was the study designed with statistical power considerations, and were there sufficient subjects in the final analyses to yield valid conclusions? Extreme caution should be exercised when subgroup comparisons are conducted and interpreted outside of population-based surveys.
13. Sampling	The target population should be adequately represented in the sample.
Interpretive Statement	Observe for frame error. A frame error in research happens when the list or source data used to select participants doesn't perfectly match the target population, causing some groups to be overrepresented, underrepresented or missed entirely, leading to biased, inaccurate results, which can result in biased sample selection. This can distort the study results and compromise the generalizability of the findings. In short, frame error disrupts equitable sampling processes and introduces biases that affect the validity of the findings. Suspect frame errors in small sample sizes, which restrict the ability of researchers to measure disparities appropriately. If sufficient samples could not be attained, does the author explain this in the limitations section? The author must be careful in drawing conclusions about race or populations based on inadequate sampling.
14. Analysis	Consider the implications of "controlling" for race in a statistical analysis.
Interpretive Statement	It is common for researchers to use race as a predictor variable. This type of analysis is important for documenting health disparities, but it will often fall short of explaining a health inequity, which is the underlying cause of the disparity. When researchers control for something, they are eliminating or subtracting the effects of variables on the study outcomes. What is implied in an analysis that controls for race is that inequities in outcomes are due to biological differences rather than the social and structural factors imposed by racism (Swilley-Martinez et al., 2023).
15. Analysis	Consider the implications of referring to a culturally dominant groups as the group reference in data analysis.
Interpretive Statement	In any analysis with dummy coded variables (i.e. creating continuous variables from a categorical variable) it is common for researchers to choose the culturally dominant group as the reference group. For example, researchers will often choose people who identify as White, or part of other culturally dominant groups (i.e., cisgender or heterosexual people) serve as the reference group by which all other racial and ethnic groups are compared. Although choosing the reference category may seem arbitrary, the selection of reference category foregrounds some contrasts over others. Also, selecting a culturally dominant group as the reference can subtly reify the notion that dominant groups are the most "normal." This type of normalization process contributes to the construction of social differences and inequity (Johfre & Freese, 2021). If the categorical variables are all similar and the meanings ascribed to the categories do not provide a rationale for choosing a particular reference, best practice recommends relying on

	the coefficients to order the variables. Arranging with positive coefficients first, followed by negative coefficients (Johfre & Freese, 2021).
Results	
16. Results	Avoid stratification of health data by racial categories without clear justification in the background or rationale section.
Interpretive Statement	Racialization, the process of assigning social and political significance to differences between human identities, occurs through the stratification of health data by racial categories, which is not a benign act and must be justified. Without such justification, presenting data in this way can promote the belief that differences in outcomes are caused by biological rather than social and structural factors (Arrington et al., 2024; Lamont et al., 2014). An example of racialization through the stratification of health data by racial categories can be seen in the analysis of maternal mortality rates in the United States. Studies often stratify data by race to highlight disparities, showing that Black women experience significantly higher maternal mortality rates compared to White women (White et al., 2020). This stratification can inadvertently reinforce racial stereotypes by attributing health outcomes to racial categories rather than addressing underlying social determinants of health, such as access to quality healthcare, socioeconomic status, and systemic racism. Consider if the authors can avoid racialization by stating that racial identity is a proxy for racism, or by stating the actual cause of the inequity instead of presenting racial identity as a risk factor.
17. Results	Authors should avoid data visualization bias (e.g., color scales that privilege certain groups).
Interpretive Statement	Authors should choose colors with care. Color choices should also avoid reinforcing gender or racial stereotypes, such as baby pink and baby blue to represent women and men or colors associated with skin tones or racial stereotypes (e.g., black to represent Black people or yellow to represent Asian people). Charts and graphs are an important and informative strategy to highlight disparities. Depending on the way charts are framed, they can also deepen inequities and stereotypes by creating a deficit framing effect. Deficit thinking is harmful because it encourages blaming people for their circumstances. It implies that outcome differences are caused by group members' personal characteristics (e.g., "It's because of who they are") as opposed to external causes (e.g., "It's because of systemic racism"). For example, a chart labeled: *"Uncontrolled Diabetes by Race",* creates a deficit framing effect suggesting that personal characteristics are related to the negative health outcome. Rather, researchers should reframe the title so that the external cause, if known, for uncontrolled diabetes, should be framed first as it provides important context to the observed disparity.
18. Descriptive Data	Avoid the othering of racial categories in tables describing participants.
Interpretive Statement	Othering is a phenomenon in which groups are defined and labeled as not fitting in within the norms of a culturally dominant group. When relevant to the research question, researchers often describe the sample using race categories. If race categories are collapsed,

	consider labeling the collapsed categories in descriptive terms rather than "other." Othering may be viewed as distinguishing "us" from "them." In statistical analyses, the "other" group is often ignored, foregoing interpretation of results. Consequently, strong differences for the "other" group may not be discussed (Swilley-Martinez et al., 2023). It is important to note that collapsing racial categories with very different risks of health outcomes can obfuscate exposure-outcome relationships, resulting in a lack of attention toward the needs of those racialized communities (Swilley-Martinez et al., 2023).
19. Discussion	Avoid conclusions that imply that race or culture is a causal factor for study outcomes.
Interpretive Statement	Consensus is that race has no biological basis (Umek & Fischer, 2020). Does the author imply that race is an important cause of health inequities, rather than focusing on the specific causal factors that shape racial inequities in health? Race, ethnicity, or culture should be used with caution as predictive and explanatory variables in health research. Studies that infer that certain health behaviors or outcomes differ by race, ethnicity, culture, or degrees of acculturation may be misleading because they rarely account for the distinct differences within racial or ethnic groups or cultures.
20. Discussion	Study findings that demonstrate an inequity should be presented in a way that promotes action to address the inequity.
Interpretive Statement	Authors must move beyond simply noting disparities. When disparities are noted, the authors should focus on uncovering the context for and systemic causes of inequities. Could the findings be misinterpreted and promote blame narratives or the idea that inequities are indelible (greater risk when data focuses on biological markers or individual behavior) (Snell-Rood et al., 2021)?
21. Limitations	The limitations section should adequately address and engage with the discourse on achieving health equity.
Interpretive Statement	Health equity is defined as the "fair and just opportunity for all people to achieve their full health potential without variation from personal characteristics, historical oppression, and societal influences" (Lewis et al., 2023, p. 8). Consider the impact of power differentials between the researchers and participants. It is essential to recognize that power can influence or bias those who possess it. In many of these relationships, more powerful individuals influence the well-being of less powerful individuals, placing those less powerful individuals in vulnerable positions. Also, consider that perceptions of an environment can influence participant behavior or responses (e.g., research conducted in an academic setting vs. the person's home). Author should identify the structural factors, such as social drivers of health, or methodological issues that impacted the findings. For example, if participants from non-dominant identities are underrepresented, do the authors explain why and how this limits the interpretation of findings?
22. Conclusions	Authors should reflect on their study findings in the context of foundational research and literature authored by people with lived and learned expertise in the field of study?

Interpretive Statement	Conclusions about research findings should be discussed in the context of existing literature, which should include references to experts in the field of study with lived and learned experience. Authors should be intentional about not missing essential literature authored by people who have been socially minoritized.
Other Considerations	
23. Other Considerations	Authors should exercise caution when including clinical algorithms that claim to mitigate health disparities yet lack adequate evidence to support this claim.
Interpretive Statement	The use of race within clinical calculators or clinical algorithms may lead to both undertreatment and overtreatment of racialized individuals and leads to delays in (or aggressive) diagnosis and clinical care. Did the authors use a clinical algorithm with a race-based correction? These calculators and guidelines can lead to unfair or inequitable treatment for marginalized groups. If possible, race shouldn't be used as a predictor of disease.
24. Other Considerations	Authors should exercise caution when using artificial intelligence in any part of the manuscript or figures.
Interpretive Statement	Outputs from AI technologies may be biased when the data used to train an AI algorithm is not drawn diverse or representative populations. Did the authors use artificial intelligence in any part of the manuscript or figures? If yes, consider inherent biases that may be present and follow the journal and publisher policies.
25. Other Considerations	If published, is there potential harm in producing knowledge that furthers racism and colonialism and/or negatively impacts the communities that enabled the research in the first place (Snell-Rood et al., 2021).
26. Other Considerations	Does the funding agency promote anti-egalitarian principles and ideologies or misuse science to justify discrimination or misinformation?