Title
*Use of Race in Family Medicine Research Publications*

**Priority 1 (Research Category)**
Research methodology and instrument development

**Presenters**
John Westfall, MD, MPH, Yalda Jabbarpour, MD, Mansi Shah, MD

**Abstract**
Context: In United States biomedical research over the past 50 years, racial health inequities have largely been attributed to biological, behavioral, and cultural causes. However, there is no biological basis for race. Further, many racial disparities are based in white supremacy and obscure the fact that racism, not race, is the cause of many health inequities. Objective: To describe the use of race in original research articles in three family medicine journals (Journal of the American Board of Family Medicine, Family Medicine, and Annals of Family Medicine). Study Design: Descriptive analysis of all research articles from the three journals during three calendar years (2010, 2018, and 2019). These journals were chosen to be representative of primary care research, which is applicable to the broadest population of patients and providers in the United States. Results: 1195 articles were reviewed, and 575 papers were identified as original research articles. Of these, 235 (41%) included information about research participants’ race. None of these 235 papers defined race using a sociopolitical framework. The number of categories used to describe race ranged from 1 to 13, with an average of 4. In the JABFM and Family Medicine, the number of unique racial category names increased over time, the number decreased in Annals. Information about participants’ race was collected in a variety of ways: 41% by the research team, 19% extracted from medical records, and 16% extracted from national surveys completed by organizations such as the Census Bureau and the Agency for Healthcare Research and Quality. Conclusions: Overwhelmingly, race was used as a research variable but not defined or mentioned in the article methods or discussion. Our results demonstrate wide variability in the number and names of racial categories used to describe research participants. Our results also demonstrate that researchers in family medicine journals frequently employ race as a variable without defining race using a sociopolitical framework or identifying racism as a primary driver of health inequities. While medical research has historically been used to assign race an indelible status, there is significant opportunity to rethink preferred standards for reporting of race in demographic characteristics. It may be time to explicitly include sociopolitical definitions of race and structural racism in primary care research. Researchers, editors, and reviewers will all need to join this e