

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

We can do better: Applying anti-racism scholarship to develop guidelines for social care research

Priority 1 (Research Category)

Social determinants and vulnerable populations

Presenters

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Abstract

Context: Social care research is the study of healthcare sector strategies to improve socioeconomic conditions for patients and communities. If social care researchers do not directly address racism and racial inequities in social care, instead of building racial health equity, social care is likely to perpetuate or even worsen racial health inequities.

Objective: To support social care researchers advancing racial health equity, we have developed a suite of anti-racism guidelines based on decades of anti-racism scholarship in other fields and applied to social care research.

Study Design and Analysis: We first compiled a draft set of recommendations synthesized from articles, commentaries, reports, and webinars. Our study teams tested the recommendations' applicability to their own studies and shared their experiences and suggestions, leading to further refinement of the guidelines.

Setting or Data Set: Synthesized scholarship, expert opinion from social care and racial equity scholars.

Population Studied: n/a

Intervention/Instrument: The Anti-Racism Guidelines for Social Care Research is a researcher self-reflection tool.

Outcome Measures: n/a

Results: The Anti-Racism Guidelines for Social Care Research provide recommendations across each stage of the research lifecycle. The following four foundational principles undergird the recommendations. Ground race & racism: This principle speaks to the necessity for conceptual clarity

when thinking about race or racism. Interrogate your positionality & power: Ongoing interrogation on how we may be privileged or oppressed in certain contexts or with respect to people with other identities allows us to better understand when our perspective may be limited. Nothing about us without us: The people most impacted by a problem are the experts of their lived experience and should play an active role in designing solutions. As researchers, we should hold ourselves accountable to lived experts. Build for liberation: Rather than building for each research project, decisions we make should enrich the communities involved as a regenerative or reparative process, rather than extractive.

Conclusions: The guidelines have already begun to shift how our team conducts social care research, and we believe that other primary care disciplines can apply the principles to develop their own guidelines. The disseminated guidelines are a living document for researchers to reflect upon and identify opportunities for further improvement.

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