

IDENTIFYING CONSENSUS ON BEST PRACTICES

FOR CONDUCTING ANTI-RACIST RESEARCH:

A MODIFIED DELPHI STUDY

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Too often, research has contributed to systemic racial inequities in health by creating or perpetuating racist beliefs. **Anti-racist research attempts to right these wrongs.**

Drawing on existing race scholars¹, we define an anti-racist researcher as “one who believes that racial and ethnic groups are equal, that no single racial or ethnic group needs developing, and who supports policies to reduce racial inequities.”

Anti-racist research practices should be employed by all researchers working with humans, not just those who work in the health equity space.

While many researchers aim to conduct inclusive research that abides by these practices, many more would be capable of doing so if they had adequate knowledge, tools and training.

Methods: We completed a 2-phase project:

- 1) We conducted a systematic review of published literature to identify guidance for anti-racist research practices across the phases of a research project and synthesized that literature to identify important themes and sub-themes.
- 2) We then assembled a panel of 14 national experts to participate in a modified Delphi study. Experts completed 3 rounds between April and December 2023 to develop consensus on a comprehensive and consolidated list of best practices for conducting anti-racist research.

The following is the consolidated list of guidance, at each stage of the research process.

We hope that consolidating and disseminating this expert-derived guidance will help funders, regulatory agencies, journals, and researchers elevate their standards to promote more equitable, anti-racist research.

Find all the related
information for this
project here:



¹We draw on the scholarship of Drs. Rhea Boyd, Ibram X. Kendi, and Elle Lett in developing this definition.

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For more information, including a full reference list, please visit
bitly.com/Anti-Racist-Pediatric-Research or scan the QR code.



PROJECT DEVELOPMENT

- Develop institutional infrastructure to support the creation of diverse research teams.
- Recruit team members with diverse, representative, and intersectional expertise and experiences, considering multidisciplinary multilingual team members.
- Engage in self-reflection and recognition of implicit biases.
- Elevate community members as empowered, equal, and compensated members of the research team at each step of the research process.
- Develop research priorities that are important to populations of interest.
- Include community representation in the development of the research question, and be explicit about how community is defined.
- Ensure research team training on cultural humility, including specific focus on the communities of interest.
- Ensure all research team members have a shared mental model including shared definitions of key constructs, like equity, equality and community.
- Use root cause analysis to develop an appropriate conceptual framework including structural resilience and strengths to guide study design and methods.
- Consider how race, ethnicity, and racism fit into conceptual frameworks, and name racism explicitly where relevant.
- Specify levels of racism (structural, institutional, interpersonal, and internalized) and types of racism (e.g., medical, cultural, environmental, legal) in conceptual frameworks.
- Ensure that interventions being studied are culturally appropriate and responsive.
- Ensure research aligns with best practice guidelines for particular groups where they exist.

PARTICIPANT INCLUSION

- Assure that informed consent processes are tailored to the population of interest, and consider digital and analog processes in accordance with potential participants' preferences.
- Avoid Inclusion/exclusion criteria that systematically excludes particular populations, i.e., as a result of not having access to clinical spaces, not speaking English proficiently, or not possessing a social security number.
- Recruitment strategies must respond to the needs of the communities being studied.
- Creatively disseminate study recruitment materials for targeted outreach.
- Use principles of inclusive and universal design in study materials, to make materials accessible to populations with low literacy and low health literacy.

MEASUREMENT AND DATA COLLECTION

- Avoid the fallacy of race-neutral research by including measures of race and clearly state how race might serve as a risk marker for certain outcomes.
- Determine ways to specifically measure forms of racism, beyond relying on racial categories as a risk marker.
- Engage community partners in selecting culturally and linguistically appropriate measures and instruments, for both translated and non-translated materials.
- Measure and name other relevant constructs, such as socio-economic status, sexual and gender identities, and community-and system-level factors and policies.
- Select measures that are culturally appropriate.

DATA ANALYSIS

- Wherever possible without compromising participant safety and privacy, disaggregate data on racial and ethnic groups to be able to examine variation between groups.
- Consider stratifying by race instead of controlling for it, to examine heterogeneity of exposures and outcomes.
- Avoid relying on White supremacist assumptions that treat White participants as the norm, except where this comparison is justified.
- Consider analyzing relevant covariates that reflect structural influencers of health.
- Consider multi-level models, mediation, and moderation to account for structural factors that impact relationships between race and ethnicity and the outcome of interest.

DATA REPORTING AND INTERPRETATION OF RESULTS

- Reiterate what the social construct of race is representing and delineating racial categories from experiences of different levels of racism when describing research findings to avoid misattribution.
- Emphasize strengths-based, instead of deficit-based or victim-blaming interpretations of study findings.
- Provide sufficient historical and contextual information about the study setting and population.
- Follow standards for using inclusive language to demonstrate respect for included populations.
- Where appropriate, use a structural analysis, such as an iteration of Critical Race Theory (e.g., MedCrit, Discrit, etc.) or the Five Whys framework, to better understand and write about the potential root causes of your findings.
- Consider use of positionality statements to acknowledge the role of researchers' identity when discussing research findings.

DISSEMINATION OF FINDINGS

- Engage community partners to identify optimal dissemination modalities using methods appropriate to the needs of the community.
- Identify inclusive ways for sharing research findings with racially, ethnically, linguistically, and neurodevelopmentally diverse audiences and the community in which the work was completed (e.g., town halls, direct outreach, podcasts, visual medium, op-eds, blog posts, etc.).

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