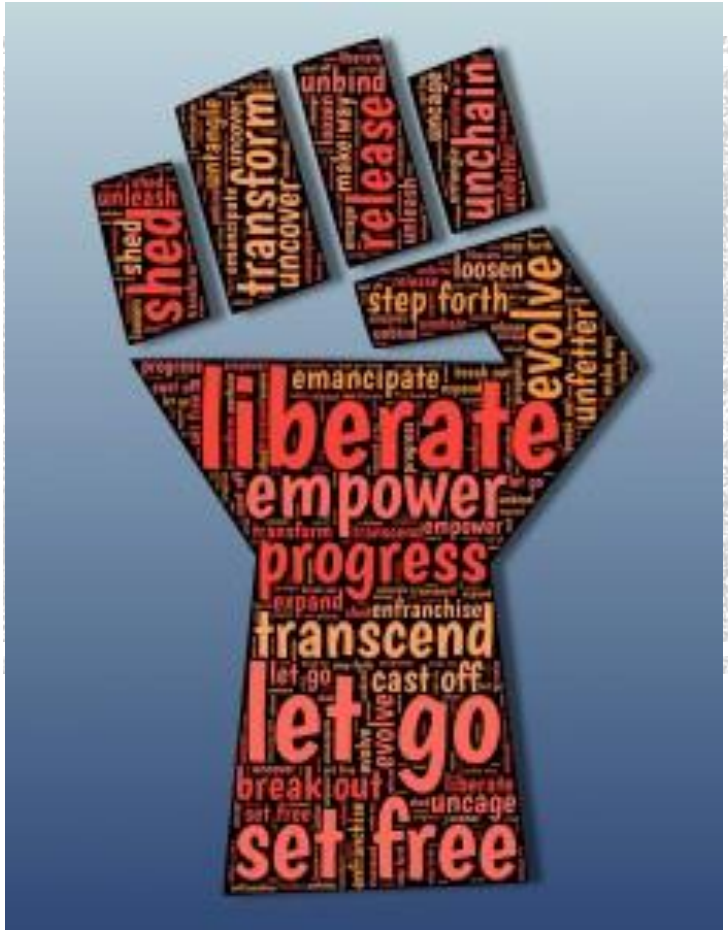


# Racial Equity in Educare
# August CoP 8/12/2022

# OVERVIEW

- Positionality Statements
- Tools and metrics to track our progress

# POSITIONALITY STATEMENTS

- How do the identities of the authors relate to the research topic and to the identities of the participants and how are these identities are represented in the scientific record/journals? (Roberts et al., 2020).
- Include whatever is most relevant for readers to know about specific to a research study or review (nothing is mandated, author must consent to share)
- Collaborative example: "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."
- See more examples here: https://onlinelibrary.wiley.com/pb-assets/assets/14756811/Positionality-Statements-1621354517813.pdf

Source: Roberts, S. O., Bareket-Shavit, C., Dollins, F. A., Goldie, P. D., & Mortenson, E. (2020). Racial inequality in psychological research: Trends of the past and recommendations for the future. *Perspectives on psychological science*, *15*(6), 1295-1309.

# INSTRUCTIONS FOR ECRQ SPECIAL ISSUE

- *Submissions should be framed using a strengths-based, non-deficit lens and include seminal research in the field, as well as research by scholars of color with expertise (and prior publications) from the above-noted list of topical areas. In the cover letter, please briefly indicate your author teams' positionality, meaning articulate how your point of view, identity, or experience might intersect with the research study.*

## Positionality Statement

**XB, PhD.** DrXB (she/her/ella) is a Puerto Rican, cisgender, non-disabled, woman racialized as white and linguistically minoritized for her perceived accenteness. She also is a first-generation college student, lived in an under-resourced community for most of her life, and her brother has Cerebral Palsy. When she moved from Puerto Rico at 11 years old, she was erroneously placed in special education for not speaking English. Professionally, Dr. XB was trained as a bilingual speech-language therapist where she worked with children diagnosed with communication impairments in early intervention and school settings. She has a doctorate in Communication Sciences and Disorders, with a focus on early literacy and bilingualism. Together, these intersecting personal and professional identities have positioned her as both an insider and outsider, depending on the context. These positionalities impact her perceptions and understanding of this world, and most specifically, the societal context in which young children and families who are racially and linguistically minoritized exist and thrive.

# Moving forward: Co-developing metrics/indicators for a report card for the network and each site

# EXAMPLE 1: SELF-ASSESSMENT CHECKLIST

- To track R & E Division progress
- To guide our individual projects
- Qualtrics-based
- Completed by individuals or teams
- Items on the tool rated on a 4-point scale:
  - Haven't Started Yet (1),
  - Plans Exist to Use (2),
  - In Place and Evidence of Use (3),
  - Part of our Routine and We Could Model for Others (4).
- Open-ended questions on planned next steps

Block 1

Q6

## Section A: Study Formation

| | Haven't started yet. | Plans exist to begin. | In place and evidence of use. | Part of our routine and we could model for others. |
|---|---|---|---|---|
| Research questions are designed so at least one addresses policies, practices, or conditions that produce disparities. | ○ | ○ | ○ | ○ |
| Researchers reflect upon their own biases, power, privilege and positionality in the research endeavor. | ○ | ○ | ○ | ○ |
| We have an inclusive research team across a variety of identities. | ○ | ○ | ○ | ○ |
| Communities closest to the problem are included in some way (describe how below). | ○ | ○ | ○ | ○ |

# EXAMPLE 2: WHITE COATS FOR BLACK LIVES RACIAL JUSTICE REPORT CARD (UC DAVIS MED SCHOOL)

- 14 metrics like student representation, faculty representation, grade disparity, campus policing, patient access, anti-racist IRB policies
  - Each is scored with evidence
- Recommendations
  - Areas of strength
  - Reform efforts
  - Areas for improvement

# 1. Underrepresented in Medicine (URM) Student Representation

*Medical school students are at least 13% Black, 1% Native American, and 17% Latinx (corresponding to the share of these groups in the U.S. population).*

**A. All of the above groups are proportionately represented among students.**

B. Some of the above groups are proportionately represented among faculty and/or students.

C. None of the above groups are proportionately represented among students, or this information is not publicly available.

In the most recent matriculating (2019) class, 19% of students identify as Black/AA, 2% identify as AI/AN, and 27% identify as Latinx.

# 5. Anti-Racism Training & Curriculum

*The curriculum incorporates information about the history of racism in medicine, intersectional oppression, and racial justice strategies, and explicitly addresses the fact that race is a sociopolitical construct, not a biological one. Lecturers avoid describing race per se (rather than racism) as a risk factor for disease, cause of health disparities, or basis for diagnostic reasoning. Community advocates and students who are underrepresented in medicine are incorporated in the planning and leadership of the pre-clinical curriculum.*

A. The above metric is fully met.
**B. Some elements of the metric are met.**
C. The curriculum fails to adequately address racism in medicine. Race is stated or implied to be biological. Community advocates and URM students do not participate in planning or are not compensated for their time.

All students are required to participate in five 3-hour Health Equity course in the first year of medical school. In previous years, these trainings primarily addressed general concepts of diversity and inclusion, health disparities, and implicit bias, but did not explicitly include anti-racism objectives and discussions. In contrast, the upcoming 2020 Health Equity course aims to discuss the difference between describing race as a genetic risk factor for disease versus disease as a biological manifestation of oppressive systems. However, it still does not critically engage with the violent history of racism in medicine and how the medical system continues to create and perpetuate inequities in healthcare access and delivery.

# DISCUSSION:

- Full group:
  - Other examples or tools you are already using?

- Small groups:
  - What metrics might make sense for us?
  - What would be a useful format?