Advancing racial and ethnic equity in science, medicine, and health: a call for papers

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Racism takes many forms. It can exist in unconscious bias, in outright taunt, or in murder. But racism encompasses more than individual prejudice. Structural racism means that norms embedded in culture, systems, policies, and practices routinely disadvantage racially minoritised groups, perpetuating inequity. For minority ethnic populations, life opportunities are diminished on all fronts, including in education, employment, health care, housing, finance, and justice. Racism is associated with poorer mental and physical health outcomes and complex coping behaviours.[1,2] Structural racism leads to pathways that include segregation to lower-income neighbourhoods, schools, and jobs; violence (sometimes at the hands of authorities such as the police) and incarceration; and inequitable health-care access and poor-quality care.[1,3] For many Indigenous peoples, the legacy of colonisation and loss of land, culture, language, and self-determination is writ large in continued health, social, and economic disadvantage.[4] The pernicious effects of colonialism have also been far-reaching across other cultures and contexts.

Some clinicians may dismiss the notion of structural racism and claim not to distinguish race and ethnicity. But such supposed colour blindness ultimately fails patients. It overlooks how they are harmed by systemic bias and can reinforce these harms. Structural racism is inherent in medical training, for instance when race is conveyed as a disease risk factor without context, perpetuating stereotypes of some groups as "more diseased than others".[5] In clinical decision making, race-based diagnostic and treatment algorithms or guidelines can lead to undertreatment or overtreatment, exacerbating disparities. For example, the equation used to estimate glomerular filtration rate (GFR) questionably applies a higher value to Black people. An overestimated GFR in renal impairment could mean receiving nephrotoxic medicine in doses that are too high or not qualifying for renal transplantation, amplifying racial inequity.[6]

The brutal police killings of George Floyd and other African Americans in 2020 marked a turning point in global awareness of racial injustices and their impacts on life outcomes. Prompted by the Black Lives Matter protests in the summer of 2020, the UK Government commissioned a report from the Commission on Race and Ethnic Disparities.[7] The Commission's report refuted decades of evidence on racial inequities, and disappointingly, downplayed the continued reality of structural and institutional racism in the UK today. Indeed, systemic inequities have aggravated the toll of the COVID-19 pandemic on racially minoritised populations, who have had disproportionately high rates of infection, morbidity, and death.[8]

As key players in the production of knowledge, medical journals too have been a legitimate object of scrutiny. In the past year, scholars and commentators have pointed out that journals have failed to rigorously examine racism as a crucial cause of poor health as reflected in their processes and publications.[9,10] Thus, many journals, including *The Lancet*, have committed to anti-racism efforts and to promote equity, diversity, and inclusion in all journal-related activities, such as reviewing their editorial policies and practices, and recruitment to improve workforce diversity.[11–14] At *The Lancet*, our work on advancing racial equality is led by the Group for Racial Equality (GRacE), a 16-member racially and culturally diverse taskforce that works across the *Lancet* journals.[13]

For ***The Lancet* anti-racism pledge** see https://www.thelancet.com/racial-equality

We believe science and evidence can be used to address racial injustice. Building on our work on gender equity,[15] *The Lancet* will dedicate a theme issue to advancing racial and ethnic equity in science, medicine, and health, to be published in late 2022 or early 2023. We will be guided by GRacE's international advisory board of leading multidisciplinary scholars and advocates for racial and ethnic equity to help us shape this theme issue. We call for content across all sections of the journal that goes beyond describing known health disparities and evaluates interventions to tackle racism and inequity in health. We expect authors to provide disaggregated data on race and ethnicity where possible. We seek evidence examining race and ethnicity as a construct existing within complex societal and environmental contexts, and with clear implications for practice and policy, and not misrepresented as a biological variable. We welcome submissions that take an intersectional approach, recognising the many factors that intertwine with race and ethnicity to shape lived experiences of advantage

For ***The Lancet* and gender equity** see https://www.thelancet.com/lancet-women

For **GRacE's international advisory board** see https://www.thelancet.com/racial-equality-advisory-board

To **submit your paper** go to https://www.editorialmanager.com/thelancet

Panel 1: How to submit your paper for this theme issue

- Submissions to the advancing racial and ethnic equity in science, medicine, and health theme issue should be marked as such and submitted to *The Lancet*'s electronic submission system.
- All submissions will undergo normal peer review. GRacE's international advisory board will assist with review of submissions and development of the theme issue.
- The deadline is Jan 31, 2022.

Panel 2: Research areas and perspectives for the theme issue

- Interventions that reduce and prevent racism as well as ameliorate its adverse health effects
- Racial and ethnic inequities outside of the US context framed through a structural racism lens
- Ethnic and racial disparities in health using life course perspectives
- Metrics to measure progress in reducing racial and ethnic inequities
- Analyses of policies, processes, and institutional structures that perpetuate inequities with concrete proposals for change
- Understanding the processes that maintain the status quo and whether there are incentives for people and institutions that currently benefit from it to change
- Intersectional analysis of inequities in different settings and outcomes
- Workforce diversity and career progression in health care and academia

and disadvantage.[16,17] We wish to include voices of people experiencing health inequities and to celebrate stories of success, such as measures that have led to long-term improvement. We encourage contributions from scholars from marginalised racial and ethnic groups who have been systematically excluded from publishing in scientific journals to be lead authors on submissions. Further details of how to submit your paper are given in panel 1.

There are many questions to be answered, and some of the research areas and perspectives for the theme issue are shown in panel 2. What are the metrics to judge whether progress is being made on racial and ethnic inequities? Which interventions have achieved long-term improvements in equity at the institutional or individual level? What are the incentives or disincentives for reform? How might clinicians be helped to view the clinical encounter through an anti-racism lens to improve care? What are effective strategies to tackle the structural factors that result in workforce exclusion for racially minoritised groups and change physician workforce demographics, given data suggest that racial concordance may improve patient care?[18] There are many different paths linking racism and health outcomes. Our theme issue seeks to redress the power imbalance and close the gap in racial health outcomes. We look forward to your submissions.

We declare no competing interests.

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