Introduction to the Equity in Research Rubric

The Health Equity in Research Community Advisory Board (CAB) seeks to advance Boston University's and Boston Medical Center's aspiration for making sustainable changes in the research process to improve the health of the community The CAB's definition of Equity in Research is that everyone has a fair and just opportunity to engage in research to be as healthy as possible, regardless of gender, caste, sex, race, ethnicity, class, sexuality, religion, disability, etc. The CAB prioritizes a community engaged approach as a means for creating fair and just opportunities for everyone to participate in research. Specific groups are "hardly reached" or engaged in research and these groups generally experience the greatest disparities in health. It is for this reason that the CAB developed this rubric as a tool to clearly define best practices in 4 key areas for building equity in research and criteria to assess if the best practices have been applied in a research project. The best practices for equity in research focus on **Community Centeredness, Communication Methods**, **Institutional Barriers**, and **Intersecting Factors**. This tool can be a resource for researchers to assess their work and suggest areas to shift perception and develop best practice.

BEST PRACTICES FOR EQUITY IN RESEARCH FOCUS ON 4 KEY AREAS:

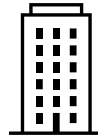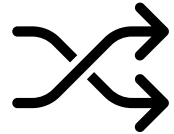| Community Centeredness	Communication Methods	Institutional Barriers	Intersecting Factors
Prioritize the community's needs and interests as the driving force behind the research	Use verbal and nonverbal communication (e.g. written, visual, listening body language) that is welcoming and reflects that diversity is valued	Create opportunities for research participation by shifting institutional practices and developing protocols that reflect that equity is valued	Recognize overlapping cultural, social, and economic identities that may be both empowering and oppressing

Uses of the Equity in Research Rubric

The CAB reviews 6-8 research projects a year for Boston Medical Center and Boston University Researchers. They use the criteria in the rubric to assess if the best practices have been applied in a research project and provide recommendations to improve equity in the research project.

This tool can also be used by Researchers along the entirety of the research life cycle to:
- Develop research proposals (planning stage).
- Self-assess projects for opportunities to improve equity after the research is funded (recruitment and consent, participation, and dissemination phases).

Who is the Health Equity in Research Community Advisory Board (CAB)?

The Health Equity in Research CAB is a collaboration among seven Boston-based community organizations, the Boston University (BU) Clinical Translational Science Institute (CTSI) Community Engagement Program (CE Program), and Boston Medical Center (BMC) Clinical Research Network. For more information, you can visit CE Program Website to learn about the members of the CAB and their experience in health equity.

If you are interested in a consultation or would like to request that the CAB review your research project, contact Jenn Pamphile, Community Engagement Specialist of the BU CTSI CE Program at pamphilj@bu.edu.

Equity in Research Rubric

Key Areas for Equity in Research:	Best Practices for Each Phase of Research			
COMMUNITY CENTEREDNESS: The community's needs and desires are the driving force behind research • What is/are the study's defined community(ies)? Who is the study trying to gain a better understanding from? • Does research take on a community centered approach? • Is the best representative of the community of interest working alongside researchers? • Is equitable financial investment made to community members?	**Planning Phase** ☐ Share decision making and financial power with community members in all phases of research. For example, hire community organizations to conduct research activities (e.g. participant recruitment, data collection, dissemination of results). ☐ Balance research and action. For example, plan evaluations that will answer questions that the community is asking. ☐ Build capacity for the community to conduct research by training community members to recruit, collect data, analyze data, or disseminate research findings. ☐ Identify community partners and interact early in the planning phase to cultivate collaboration. ☐ Create opportunity to strategize with community on how to continuously support community driven approaches to improve community partnered research in the future. ☐ Ensure adequate funding is allocated within budget to accommodate community engagement activities.	**Recruitment and Consent Phase** ☐ Provide fair compensation to participants that considers their travel, time, and other expenditures. ☐ Develop the recruitment and consent with community members to tailor the materials and approach to reflect community characteristics (language, culture, geographic needs).	**Participation Phase** ☐ Actively prioritize recruitment of a study population that is representative of the diversity of the community.	**Dissemination Phase** ☐ Acknowledge the community's contributions to research when sharing information about the study. ☐ Invite the community to support dissemination of the study results.

COMMUNICATION METHODS:	Planning Phase	Recruitment and Consent Phase	Participation Phase	Dissemination Phase
Use verbal and nonverbal communication (e.g. written, visual, listening body language) that is welcoming and reflects that diversity is valued • Does research incorporate inclusive communication? • Is research explicit in both intention and goal? • Is research language accessible through interpretation and translation?	☐ Create a transparent plan that is written in plain language, at a reading level easily understood by the community. ☐ Explain the justification for excluding specific groups of community members. ☐ Hire staff who understand and speak the language of the community. ☐ Learn about the history of the community.	☐ Translate recruitment, consent documents, and study assessments to the specific languages and dialects spoken by the community. ☐ Use culturally sensitive and appropriate recruitment and consent approaches. ☐ Communicate with community without biased assumptions. ☐ Incorporate alternative services to be inclusive of individuals with speaking, hearing, or visual impairments.	☐ Consider how to minimize the community member's participation burden with regard to number of visits, distance to travel, child-care, or other potential challenges. ☐ Use measures and methods that are free from assumptions about participants (family structure, dynamics, housing, skills, etc). ☐ Communicate your gratitude to community who participate in the study. People should feel they are valued for participating. Thank them.	☐ Share the study results with the community using written and verbal communication that that is welcoming, not threatening or confrontational. ☐ Communicate research updates to participants throughout the study and at the end of the study. ☐ Use channels of communication that are commonly used by specific community audiences such as social media to LGBTQ, or Telemundo, or BET.

INSTITUTIONAL BARRIERS:	Planning Phase	Recruitment and Consent Phase	Participation Phase	Dissemination Phase
Create opportunities for research participation by shifting practices and developing rules that reflect that equity is valued • Does research address institutional barriers that impact communities' access to research? • Does research mitigate potential risks that contribute to communities' lack of access to research?	☐ Designate specific members of the research team to support engagement with the community. ☐ Provide compensation for community members who join the research team as staff or advisors, that values lived and professional experiences as much as completion of formal education.	☐ Proactively assist community members to navigate the research process. ☐ Allow adequate time for participants to feel comfortable with the research project and ask questions before they agree to participate.	☐ Describe what the research team will do to retain participants and ensure that they feel valued for their contribution to study. ☐ Provide resources to assist in accommodations that are requested by the research participant. For example, payment for transportation at the time of the service as opposed to reimbursement for transportation and other accommodations that are identified by the community member. ☐ Proactively learn about potential barriers to participation before they arise. Barriers may include Zoom meeting access, geographic location, parking, wheelchair access, etc.	

INTERSECTING FACTORS:	Planning Phase	Recruitment and Consent Phase	Participation Phase	Dissemination Phase
Overlapping cultural, social, and economic identities that may be both empowering and oppressing • Does research contextualize characteristics of people in communities of interest (e.g. gender, caste, sex, race, ethnicity, class, sexuality, religion, disability, weight, physical appearance, and height)? • Does research contextualize specific issues (e.g. access to resources in community, etc) and history of communities (e.g. reason for immigration, etc) of interest?	☐ Partner with community members and organizations to identify the intersecting factors of the community of interest. ☐ Plan to engage the community of interest in ongoing dialogue before, during, and after the research study to cultivate authentic relationships. ☐ Learn from community members about the historical context of the issue of interest. ☐ Be aware of and respect the community's belief system.	☐ Ensure incentives are provided to community members to address specific barriers they face (e.g., food insecurity, housing instability, utility bills, etc).		☐ Ensure that published articles can be accessed by members without the need of subscriptions. ☐ Engage community members to participate in developing reports to avoid creative narratives that further stigmatize, marginalize, minimize, or disrespect, people of color and those with less privilege than members of the research team from the academic or health system settings.