

Health Equity Tourism: The *WMJ* Editorial Board Responds

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JAMA published a theme issue on August 17, 2021, focused on “racial and ethnic disparities and inequities in medicine and health care.” A subsequently published commentary revealed that four of five of the lead authors of the original research papers in the *JAMA* issue were White.¹ The concept of “health equity tourism” was coined. This concept captures how increasing attention and availability of funding for health equity research has attracted White researchers, some with little or no track record of research or scholarship in health equity, sometimes pushing out researchers of color. They use their established research networks, resources, and reputations to enter the field.

Health equity tourism presents two significant challenges to academic journals and trustworthy, quality science. First, a system that fosters the appropriation of the work of researchers and scholars who have devoted their careers to community-based and rigorous health equity research perpetuates inequity in

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science. Such inequity prevents the recognition and advancement of the work of the best scientists and scholars. Many career health equity researchers and scholars have lacked the resources, reputation, and knowledge-

able peer reviewers to publish their work in high-status journals like *JAMA*. Second, health equity tourism may produce lower quality science or even incorrect science, which, in the case of racial health disparities, can severely impact Black, Indigenous, and People of Color (BIPOC) who already have poorer health and a lower life expectancy. Similar lack of access to prestigious publications has been demonstrated between male and female researchers as well.²

In early 2021, the *WMJ* published a special issue about the impact of race and racism on health in Wisconsin (wmjonline.org). There were a total of 20 articles published in this issue. Out of the 20 articles, seven first authors were BIPOC. The breakdown was as follows:

Article Type	No. of BIPOC 1st Authors
Editorial/narrative/commentary (n=8)	4
Original research (n=5)	2
Brief reports (n=6)	0
Review articles (n=1)	1

Traditionally, journals do not request information about the race or ethnicity of authors or reviewers. Two surveys published in 2021^{3,4} looked at the race/ethnicity of editors and editorial boards and found very low rates

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of BIPOC members. Some of the criticism of racism in publishing identifies the fact that editors, editorial boards, and reviewers are overwhelmingly White. In the *JAMA* special issue, members of the editorial board provided some suggestions to improve accountability and transparency in medical publishing.⁵ They suggest that journals measure outcomes by collecting information on the diversity of the editors and editorial boards, as well as reviewers and authors. The information to be collected includes:

- Effectiveness of processes developed to assure appropriate editorial review of all submissions.
- Diversity of the editorial staff.
- Number of publications about structural racism and health inequity.
- Diversity of reviewers.⁵

A blog published in July 2020 in *Health Affairs* provides a structured list of suggestions for journals to use in order to increase their inclusivity and focus on health equity by describing standards for publishing about

health equity and including guidelines for researchers, reviewers, and journal staff.⁶

The Editorial Board of the *WMJ* is committed to taking steps to ensure an anti-racist publication and to highlight the diversity and richness of our community. As such, we will work toward collecting data from all authors and reviewers to ensure diversity and transparency. Some future directions of the journal include:

- Explore ways to document race/ethnicity of authors and peer reviewers.
- Use the AAMC Health Equity Guide to language to standardize the language used in the journal.⁷
- Find or create a repository of health equity researchers, in medicine in general and for subspecialties.
- Keep a list of health equity journals and peruse their authorship.
- Highlight community-based participatory research or action research in published papers.
- Browse Twitter lists to find health equity experts.

- Recruit health equity experts to the *WMJ* Editorial Board and as peer reviewers.
- Invite health equity experts to write invited commentaries or editorials.
- Encourage researchers to include community members as co-authors or collaborators.
- Partner with the National Medical Association or statewide organizations for diverse clinicians on the above initiatives.

As we work to implement these steps, we invite your feedback.

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REFERENCES

1. McFarling UL. 'Health equity tourists': How white scholars are colonizing research on health disparities. *STAT News*. September 23, 2021. Accessed October 5,

2021. <https://www.statnews.com/2021/09/23/health-equity-tourists-white-scholars-colonizing-health-disparities-research/>

2. Oliveira DFM, Ma Y, Woodruff TK, Uzzi B. Comparison of National Institutes of Health grant amounts to first-time male and female principal investigators. *JAMA*. 2019;321(9):898–900. doi:10.1001/jama.2018.21944

3. Shim RS, Tully LM, Yu G, Monterozza EC, Blendermann M. Race and ethnicity of editorial board members and editors as an indicator of structural racism in psychiatry and neuroscience journals. *JAMA Psychiatry*. 2021;78(10):1161-1163. doi:10.1001/jamapsychiatry.2021.1983

4. Salazar JW, Claytor JD, Habib AR, Guduguntla V, Redberg RF. Gender, race, ethnicity, and sexual orientation of editors at leading medical and scientific journals: a cross-sectional survey. *JAMA Intern Med*. 2021;181(9):1248-1251. doi:10.1001/jamainternmed.2021.2363

5. Merchant RM, Del Rio C, Boulware LE. Structural racism and scientific journals—a teachable moment. *JAMA*. 2021;326(7):607-608. doi:10.1001/jama.2021.12105

6. Boyd RW, Lindo EG, Weeks LD, McLemore MR. On racism: a new standard for publishing on racial health inequities. *Health Affairs*. July 2, 2020. Accessed October 15, 2021. <https://www.healthaffairs.org/doi/10.1377/hblog20200630.939347/full/>

7. American Medical Association and Association of American Medical Colleges. Advancing Health Equity: A Guide to Language, Narrative and Concepts; 2021. Accessed October 15, 2021. <https://www.ama-assn.org/system/files/ama-aamc-equity-guide.pdf>