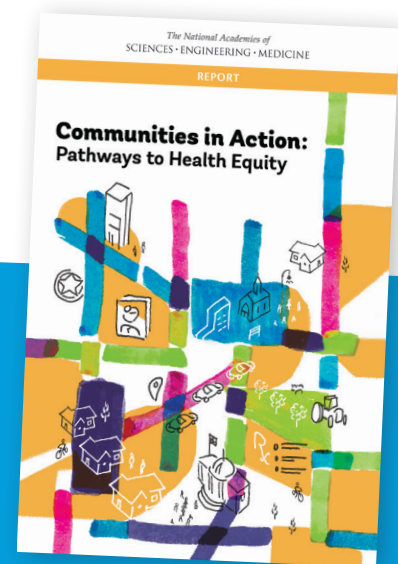


Communities in Action

Pathways to Health Equity

Opportunities for the Research Community

research



In the United States today, the burdens of disease and poor health and the benefits of well-being and good health are inequitably distributed. Although some aspects of a person's health status depend on individual behaviors and choice, health is also shaped by community-wide factors, and research shows that problems like poverty, unemployment, low educational attainment, inadequate housing, lack of public transportation, exposure to violence, and neighborhood deterioration (social or physical)—also known as the social determinants of health—shape health and contribute to health inequities.

Understanding of health inequities and their root causes has greatly improved over the last several decades. However, scientific progress has not produced robust evidence on how, when, and where to intervene. Progress on how to move upstream in taking action has developed much more slowly than progress in the ability to describe the role of context and community-level factors that shape the major causes of morbidity, mortality, and well-being.

The research community plays a critical role in filling this gap by building the science base to improve population health and advance health equity.

How Can the Research Community #PromoteHealthEquity?

To improve the knowledge base for informing and guiding communities, the research community can:

- ✓ **Include social determinants of health and structural inequities in health disparities research.** To fully document and understand health inequities:
 - **Expand metrics and indicators** to capture a broader definition of health, including health equity and the social determinants of health.
 - **Conduct longer-term studies**, as many health outcomes take years or decades to see quantifiable changes in health outcomes related to the social determinants of health.
 - **Increase funding opportunities** dedicated to developing and testing relevant theory, measures, and scientific methods, with the goal of enhancing the rigor with which investigators examine structural inequities such as structural racism.

- ✓ **Study more population groups and oversample certain groups where necessary.**
 - **Expand health disparity indicators and indices** to include groups beyond African Americans and whites, including Hispanics and their major subgroups, American Indians/Alaska Natives, Asians, Native Hawaiian and other Pacific Islanders, and persons of mixed race, in addition to LGBT individuals, people with disabilities, and military veterans.
 - **Generate stable estimates of disparities** through oversampling certain populations.

Learn about health equity and the role of the research community at nationalacademies.org/promotehealthequity

- ✓ **Improve research on structural racism and explicit and implicit bias.**
 - **Research funders should support health disparities research** that examines the multiple effects of structural racism (e.g., segregation) and explicit and implicit bias across different categories of marginalized status on health and health care delivery, as well as effective strategies to reduce and mitigate the effects of explicit and implicit bias.
 - **Research funders should support, and academic institutions should convene, multidisciplinary research teams** that include non-academics to better understand the cognitive and affective processes of implicit bias and to test interventions that disrupt and change these processes.

- ✓ **Develop and use transdisciplinary research approaches.** Longstanding traditions and institutional arrangements have favored research using controlled experimental methods (i.e. randomized controlled trials) to identify circumscribed programs that may be effective in controlled settings but are not a good fit for generating evidence on approaches that address the social, economic, environmental, and structural factors that shape health.
 - **Transdisciplinary research approaches** are needed to produce more of the evidence necessary to establish a knowledge base that communities can draw on to design solutions to reduce health inequities.
 - **To improve the knowledge base** for informing and guiding communities, public and private research funders should support communities and their academic partners in the collection, analysis, and application of evidence from the experience of practitioners, from leaders of community-based organizations, and from traditionally underrepresented participants who are typically left out of such partnerships.

Examples of Action

The Clinical and Translational Science Award (CTSA) program is a federal strategy to promote more rapid adoption of clinical research, with the goal to engage patients and communities in every phase of the process of translating research into practice. Members of the CTSA consortium have collaborated in the publication of community engagement principles as well as other products. See two examples of CTSA grantees and their efforts to advance health equity below.

The Columbia Community Partnership for Health (CCPH)

The Irving Institute, funded through Columbia University's CTSA, includes a freestanding community engagement center, CCPH. CCPH supports community-engaged research as well as recruitment and data collection at a convenient place in the primarily Latino community of Washington Heights/Inwood in New York City. CCPH also offers resources and services including free blood pressure screening and meeting space for community-based organizations.

The Partnership of Academicians and Communities for Translation (PACT)

PACT of the Colorado Clinical & Translational Science Institute includes the PACT Council, which comprises 18 members with equal representation from the university and community. Participants are from more than 20 ethnic, geographic, and self-identified communities. Each year the organization awards more than \$200,000 in pilot grants for innovative programs that address health disparities identified by the community. Another activity is a robust educational program aimed at graduate students, researchers, and community members that includes a seminar series on community engagement as well as a training program that provides an intensive longitudinal experience for researchers to develop and sustain community-engaged research and includes a placement in a local community.

Conclusion

Health disparities research has developed from descriptions of associations (e.g., socioeconomic status and health) to mechanisms and multilevel influences linking socioeconomic status and health to more recent work on the interactions among factors. However, studies on the factors that contribute to health and health inequities have not yet consistently provided clear answers regarding the most powerful and promising levers for community interventions. The research community plays a critical role in advancing this progress by improving the science base to provide the best available evidence and rigorous evaluation methods for pilot and ongoing interventions in communities seeking to improve population health and advance health equity.