



# Diversity, Equity, and Inclusion in Health Services and Policy Research

Recommendations to AcademyHealth from  
the Advisory Group on DEI in HSR

July 2021



Diversity Health  
COMMUNICATIONS



## MESSAGE FROM ADVISORY GROUP CO-LEADS

The dynamic, multidisciplinary field of health services and policy research (HSR) studies organizational, economic, social, and technological factors that influence health and health care systems to inform research methods, health policy, and the provision of clinical and community health care. As the professional society for HSR, AcademyHealth works to improve health and health care for all by advancing evidence to inform policy and practice. The organization firmly believes that diversity of opinion and perspectives produces better evidence.

AcademyHealth is committed to promoting diversity and equity among its members and the field at large in terms of race, ethnicity, disability, sexual orientation, gender identity, and other backgrounds that are historically underrepresented in HSR and biomedical research. Given the organization's work on these issues spanning two decades, AcademyHealth leadership and the Board of Directors tasked us with engaging a panel of highly accomplished external advisors to inform a sustainable, action-oriented strategy to address diversity, equity, and inclusion (DEI) in HSR.

An Advisory Group on Diversity, Equity and Inclusion in Health Services and Policy Research (DEI in HSR) was assembled to provide targeted insight for enhancing the organization's priorities and activities for meaningful change. The group used an explicit equity lens to help define and develop recommendations to position AcademyHealth as a leader and partner for advancing meaningful change for DEI in HSR.

Advisory Group members represent a variety of lived experiences, racial/ethnic and gender identities, national geographies, organizational settings, areas of professional expertise, career stages, and perspectives on DEI. All bring a deep familiarity with research culture and practice, and a track record of innovation reflecting a range of experience aligned with AcademyHealth's mission and activities spanning the field of HSR.

Over the past six months, the Advisory Group met virtually a number of times and we can't thank them enough for their hard work, dedication, and the brilliant insights they provided. The discussions were simultaneously high level and granular, providing both overarching ideas for the field and actionable steps that merit consideration by AcademyHealth, our member organizations and partners.

We want to acknowledge key individuals who gave of their time, talent, and expertise to manage the ongoing activities of the Advisory Group and help develop the final recommendations. This work was immeasurably enhanced by the collective value and contributions of Dawn Ferdinand, Kristin Rosengren, Tamika King, Teasha Pelham, and Nisha Shah Kanani.

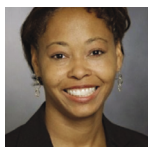
This report is the culmination of our work and presents the Advisory Group's final recommendations to AcademyHealth's Board of Directors. We are deeply grateful for their commitment to this effort.

With sincere thanks,

Margo Edmunds, AcademyHealth  
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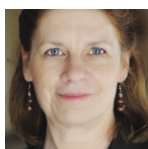
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## INTRODUCTION

AcademyHealth has been active in DEI initiatives for almost two decades. In 2004, with funding from the W. K. Kellogg Foundation, it conducted a qualitative study that explored ways to increase racial and ethnic diversity in HSR. In 2007, AcademyHealth convened the Health Services Researcher of 2020: A Summit to Assess the Field's Workforce Needs, with support from the Robert Wood Johnson Foundation (RWJF) and the Agency for Healthcare Research and Quality (AHRQ). This invitational summit was designed to help the organization understand ways to improve the composition of the field. Among other things, the summit called for mentoring minority students and junior faculty, as well as improving awareness among researchers about opportunities to pursue HSR careers. It resulted in a minority fellowship program in which more than 75 researchers from over 32 institutions have participated.

And, in 2013, the AcademyHealth Board of Directors provided funding for a new Center for Diversity, Inclusion and Minority Engagement (DIME). The Center supports training and mentoring for students and junior faculty; promotes resource exchange between them and well-established, more senior researchers; sponsors a session every year at the Annual Research Meeting (ARM); and provides information on diversity to the HSR field. DIME also supported the AcademyHealth Workforce Diversity Roundtable, which released a report in 2015 recommending strategies for making a public commitment to diversity, collecting better data for public reporting and accountability, promoting best practices, and expanding training and recruitment opportunities.

While much progress has been made, there is no denying that inequality and a lack of representation are still salient issues both in the HSR workforce and the broader research enterprise. AcademyHealth understands that it has a responsibility to promote an anti-racist agenda of inclusion and recognizes that we are in a moment where many organizations, including funders, want to make a commitment to social justice and move toward a more diverse and inclusive culture.

As part of a structured process to advance DEI, AcademyHealth convened this Advisory Group on DEI in HSR with the charge to provide recommendations to the Board of Directors that will help shape a sustainable, action-oriented strategy to address these important issues.

AcademyHealth will need to make a strong case for why a racial equity lens is aligned with its mission and will need to be prepared to respond to those who don't want the organization to change, for whatever reasons.



We believe that this is the time to transform a moment into a movement. Yet, we know there have been other moments and years of discussions around these same topics that have not translated into action. We understand and share the frustration of many of our colleagues. The Advisory Group, however, believes this convening is important and recognizes that we need to focus on the things AcademyHealth can influence through accountability, measurement, public statements, and direct actions.

This report reflects our multiple conversations and consensus process and provides our recommendations across many aspects of diversity, equity, and inclusion from workforce representation and retention to research methods and the data itself.

## PROCESS

Advisory Group members had three virtual meetings between November 2020 and April 2021. The goal of the first meeting was to align goals and set priorities. We reviewed approaches and frameworks for DEI work, discussed the scope and priorities for our recommendations, and used Identity Web exercises for team- and trust-building.

The second meeting focused on mapping opportunities across core themes. We confirmed the framework, identified policy levers and action areas, and set the themes for small group discussion.

The core themes that emerged for small groups were:

- Mentoring, Networking, Career Pathways
- Research Methods, Data, and Culture
- Funders and Funding Priorities
- Engagement with Organizations and Institutions
- Advocacy/Building a Movement

Advisory Group members were assigned to small groups based on areas of expertise as well as scheduling availability. There was overlap, meaning that some members participated in more than one small group discussion.

*While much progress has been made, there is no denying that inequality and a lack of representation are still issues both in the HSR workforce and the research itself.*



*AcademyHealth understands that it has a responsibility to promote an anti-racist agenda of inclusion and recognizes that we are in a moment where many organizations, including funders, are interested in social justice and moving toward a more diverse and inclusive culture.*



And, of course, the wide-ranging nature of the discussions themselves meant the small groups overlapped in topics and recommendations as well.

The process for each small workgroup was the same and followed written guides for the facilitators and group members. Each group set out to answer four questions:

1. Is this the right title for this area of work?
2. Why is it important?
3. What needs to be done?
4. How will we know when we've succeeded?

To establish specific initiatives, we used a generative thinking process. Generative thinking involves inventive ways to produce ideas and help groups decide what to decide. There are three nonjudgmental ways of creative thinking that allow groups to spark good ideas and explore subsequent decisions:

- Generate a large quantity of ideas to solve a single problem without judgment of the ideas until all the ideas have been posted.
- Generate a variety of ideas outside of logical, already established approaches.
- Generate focused and detailed improvement of one idea or solution resulting in a recommendation.

In the third and final group meeting, we synthesized the small group recommendations, identified gaps, set priorities, and discussed next steps. The recommendations that follow represent the final consensus of the Advisory Group on actionable steps that AcademyHealth can take as it creates its strategic plan for DEI.

## STATEMENT OF PRINCIPLES

Health services and policy research (HSR) generates timely evidence about what works, for whom, at what cost, and under what circumstances to improve health and health care for all. As the professional home for HSR, AcademyHealth is committed to enabling an equitable future where the field of HSR is diverse, representative, inclusive, and trusted by a variety of stakeholders, including researchers, policymakers, system leaders, clinicians, communities, and individuals. In partnership with the HSR community and other stakeholders, AcademyHealth will address the power dynamics of structural racism and increase support for the production, dissemination, and use of evidence to achieve a more just, equitable, and healthy society.



*The core themes that emerged for small groups were:*

- *Mentoring, Networking, Career Pathways*
- *Research Methods, Data, and Culture*
- *Funders and Funding Priorities*
- *Engagement with Organizations and Institutions*
- *Advocacy/ Building a Movement*





# AcademyHealth

## Diversity, Equity & Inclusion Strategy

### MODEL

#### Assessing Ourselves

Staff Training  
Brown Bag Discussions  
Hiring & Retention Policies  
Strategic Planning Priorities

### LEAD

#### Working with Our Members & Partners

Diversity Audit of Leadership Committees,  
Conferences & Vendors  
Center for Diversity, Inclusion & Minority Engagement  
Collection of Syllabi on Racism & Equity Topics  
Mentoring & Networking

### INFLUENCE

#### Facilitating Changes in the Field

Advisory Group on Diversity, Equity & Inclusion in HSR  
Education, Training & Publications  
Strategy to Reduce Bias in Data & Analytics  
Workplace Culture Survey Findings

Source: AcademyHealth Diversity, Equity and Inclusion Strategy, November 19, 2020

## RECOMMENDATION 1

Be a catalyst for changing the field of HSR to address racism and promote equity.



AcademyHealth has a responsibility to promote an anti-racist agenda of inclusion and is in a unique position to be a catalyst for change in the field by building on the work that is already being done in the broader field of social determinants of health (SDOH), identifying allies in this work, and partnering with and learning from other organizations that clearly value disparities work.

By taking the lead on capacity building in the field, AcademyHealth can influence the research questions, designs, methods, and agendas used by its members and others to ensure they are more inclusive. The organization is also in a position to help improve workplace diversity through tracking, assessment, and trainings.

We believe that AcademyHealth needs to start with a clear, compelling public statement that acknowledges the shortcomings of the current system and the need for urgent change (see statement of principles on pg. 6 of this report).

The Advisory Group has the following recommendations for how the organization can be a catalyst for change in the field:

- **RECOMMENDATION 1.1**

- Enhance capacity-building to address racism and promote diversity, equity, and inclusion for member organizations.**

- AcademyHealth can become a resource for its member organizations and others by partnering with other organizations to establish a Center of Excellence that curates or creates resource guides, roadmaps, and communication tools about the value of workforce diversity and culture change within HSR. AcademyHealth can update its website to make existing resources, such as this report, freely available. It can also host joint training events with other organizations working on these issues.

### IN BRIEF

#### RECOMMENDATION 1

**Be a catalyst for changing the field of HSR to address racism and promote equity.**

##### 1.1

Enhance capacity-building to address racism and promote diversity, equity, and inclusion for member organizations.

##### 1.2

Develop and disseminate a glossary of terms.

##### 1.3

Initiate a Truth and Reconciliation process for HSR.

Finally, AcademyHealth can identify and adapt an existing self-assessment tool which identifies criteria for anti-racist organizations, and allowing organizations to evaluate their own progress.

- **RECOMMENDATION 1.2**

**Develop and disseminate a glossary of terms.** The DEI movement in the United States has its roots in the 1960s civil rights movement and has grown to include gender, sexual orientation, religion, country of origin, and other identities. The larger movement has struggled, however, to build a shared language in part because the meanings of words continue to change and evolve. The Advisory Group created a preliminary glossary in the hopes of providing a starting point for open honest conversations about social justice, diversity, equity, and inclusion. In its role as catalyst for change in the field, AcademyHealth can continue to grow and disseminate this glossary. We intend for it to serve as a living document and suggest inviting readers in the field and beyond to offer updates and modifications.

- **RECOMMENDATION 1.3**

**Initiate a Truth and Reconciliation process for HSR.**

The Advisory Group believes that one of the most impactful ways in which AcademyHealth could serve as a catalyst for change in HSR would be to catalyze or help coordinate a Truth and Reconciliation process for the field. Truth and Reconciliation processes have been conducted by governments, organizations, and academic institutions across the globe. The goal of these processes is to publicly acknowledge past injustices and the scale of the physical and emotional harms they caused. In this case the abuses of medical and public health research need to be named, acknowledged, and addressed in order to build trust with marginalized researchers, individuals, and communities. We realize that this is a longer term project that would involve convening diverse organizations and individual experts, but we believe that AcademyHealth's leadership in and support of this process would go a long way toward facilitating change in the field.

#### HOW WILL WE KNOW WE'VE SUCCEEDED?

- We will have a shared vision and language for community discourse about DEI.
- Member organizations and partners will initiate a process of discovery and self-assessment around structural racism and racial equity.
- AcademyHealth will take a leadership role in convening a Truth and Reconciliation process that moves financial and other resources to scholars and communities impacted by racism.

*By taking the lead on capacity building in the field, AcademyHealth can influence the research questions, designs, methods, and agendas used by others to ensure they are more inclusive. The organization is also in a position to help improve workplace diversity through tracking, assessment, and trainings.*



## RECOMMENDATION 2

Elevate the importance and visibility of health equity research and researchers within HSR.



HSR needs to recenter people of color and under-represented researchers by acknowledging their work in journals, conferences presentation, and award programs. AcademyHealth has been working on DEI for many years and is in a position to lead by example using its own conferences and leveraging its relationships with official journals to model an anti-racist approach to HSR.

By leveraging relationships with editors of official journals, it can set an example by moving away from deficit models traditionally used to study marginalized groups, including more content contributions from underrepresented researchers, and bringing in more multicultural and multiethnic reviewers. Similarly, it can use its conferences to highlight the work of these individuals and to educate the field on the importance of DEI work.

The Advisory Group has the following recommendations for how the organization can elevate the importance and visibility of health equity research and researchers within HSR:

- **RECOMMENDATION 2.1**

**Serve as a model of diversity, equity, and inclusion for member organizations and the field at large.** AcademyHealth should reevaluate and redesign how it centers people of color and underrepresented researchers within its own culture. This is the moment in time to create anew the policies and procedures applied internally so that the organization can best model and influence member institutions in how to elevate and promote DEI at the organizational level.

### IN BRIEF

#### RECOMMENDATION 2

**Elevate the importance and visibility of health equity research and researchers within HSR.**

##### 2.1

Serve as a model of diversity, equity, and inclusion for member organizations and the field at large.

##### 2.2

Use conferences and leverage relationships with official journals to model best practices

##### 2.3

Develop anti-racist criteria



## • RECOMMENDATION 2.2

### **Use conferences and leverage relationships with official journals to model best practices.**

The research enterprise needs to be re-imagined based on an audit of its biases and unequal distribution of power to advance new methods, tools, and approaches. To start to fundamentally shift the research culture, we need more diversity and representation among journal editors, reviewers, and funders. While we talk about each of these groups elsewhere in this report, AcademyHealth can work to increase the representation of minoritized and marginalized individuals on review panels by leveraging its relationships with editors of official journals, which will in turn change what research topics and research methods get prioritized. The organization can also work with key stakeholders to establish a set of anti-racism criteria or standards that are required for both journal submissions and conference presentations.

## • RECOMMENDATION 2.3

**Develop anti-racist criteria for contracting.** AcademyHealth often partners with member organizations who have put together a contract and received grant funding to study a particular topic or research question. AcademyHealth can use these partnerships to set an example by encouraging or requiring member organizations to follow the anti-racism criteria and standards it has put in place for its own journals. It can encourage third party partners to conduct a racial equity self-assessment (using the tool recommended above) and report results during the partnering process.



*AcademyHealth is in a position to lead by example by using its conferences and leveraging relationships with journals to model an anti-racist approach to HSR.*

## HOW WILL WE KNOW WE'VE SUCCEEDED?

- AcademyHealth will put in place and publicly share and promote equitable and inclusive policies and procedures that member organizations can emulate.
- Journals associated with AcademyHealth will have a larger and more diverse pool of reviewers in terms of racial and ethnic identities, gender identity, and area of expertise.
- The AcademyHealth journals will have a clearly stated policy on collection, analysis, and interpretation of race and ethnicity variables in HSR.
- More DEI-related abstracts will be submitted and accepted to AcademyHealth conferences in a broader number of tracks.



## RECOMMENDATION 3

Promote and develop the careers of health equity researchers and improve workforce diversity in HSR.



Because of the racialized culture in the United States, underrepresented and marginalized professionals often spend their early careers learning to “fit in.” Even mentorship programs have traditionally focused on helping marginalized people become assimilated. We need to shift the focus away from helping them adapt better to “mainstream” culture and focus, instead, on changing the culture and eliminating the institutionalized racism in research institutions, so that they are inclusive, fair, and accountable.

AcademyHealth can set standards in the field by tracking and reporting on workforce diversity and representation and providing ongoing professional development to researchers and employees from traditionally marginalized communities. The organization needs to make a distinction between disparities research and workforce diversity. There is a common misperception that all people of color do work in disparities and only in disparities, which is itself an expression of privilege, structural racism, and other biases.

The organization can also help set standards in the field by approaching mentorships and professional development from an important new direction. The goal of mentoring programs must be to enrich and empower people by giving them skills and tools to navigate different settings.

Before we discuss specific recommendations, we want to share a note on language that came up multiple times in our discussions. Often when we talk about diversifying the workforce, we use the term “pipeline” to refer to students and young professionals just starting their careers. This term is triggering for Native American and other indigenous communities as it is a reminder of treaty violations as well as current protests and litigation with the energy industry about oil and gas pipelines on and near tribal and ancestral lands. Instead, we suggest that AcademyHealth use the term

### IN BRIEF

#### RECOMMENDATION 3

**Promote and develop the careers of health equity researchers and improve workforce diversity in HSR.**

##### 3.1

Track and report on workforce diversity and representation.

##### 3.2

Expand size and scope of mentoring models.

##### 3.3

Develop individual and organizational awards.

##### 3.4

Increase access to training and professional development opportunities.

##### 3.5

Review promotion and tenure criteria to include DEI and professional service.

“pathways” moving forward. Our goal is to see more career pathways promoted and offered to those from marginalized communities so that they have opportunities to be successful.

The Advisory Group has the following recommendations for how the organization can promote and develop the careers of health equity researchers and improve workforce diversity in HSR:

- **RECOMMENDATION 3.1**

- Track and report on workforce diversity and representation.**

- AcademyHealth has taken steps in recent years to promote diversity and inclusion in the HSR workforce, including researchers at all career stages. The imperative for diversity stems not only from the need to reflect the changing demographics in the U.S. population, but also from a need to ensure that the best talent from all backgrounds feels at home in HSR so that we can continue to advance the production and use of the evidence we need to improve health and the performance of health systems. Continually updated data on diversity and representation within the workforce is the only way to ensure that we are making progress and hold other organizations accountable for their hiring and retention practices.

- These data should include, at a minimum, the following aspects of identity, background, and experience: age, career stage, race, ethnicity, language, disability status, gender, gender identity/transgender status, sexual orientation, socioeconomic status background (e.g., first-generation graduate scholars), immigrant background (e.g., children of immigrants), and parenthood status. Working with experts in the field of workplace diversity, AcademyHealth should create, adopt, and disseminate standards for the collection and reporting of these data from members and partners while taking individual privacy considerations into account.

- **RECOMMENDATION 3.2**

- Expand size and scope of mentoring models.** AcademyHealth should help create mentoring environments where people can learn and thrive and should make it clear that the goal of these programs is not to help younger people in the field assimilate to an existing, racist culture. The organization can play a role in shifting mentoring programs by promoting best practices both for mentors and mentees. The Advisory Group noted that racial concordance between mentors and mentees is helpful but not required. Beyond enhancing recruitment of mentors from marginalized communities, there is a need to develop a team and community of practice for mentors who offer different skill sets and perspectives. AcademyHealth should collaborate with other organizations to make resources on this topic —such as training manuals and guidebooks—available to its members via the website or the Center of Excellence mentioned earlier. The organization can also feature discussions about mentoring and culture change on the main stage at ARM and other conferences (not only in breakout sessions) and should consider separate, smaller convenings specifically to address these issues. When promoting mentoring and fellowship programs, it is



*We need to shift the focus away from helping [professionals from underrepresented communities] adapt better to “mainstream” culture and focus, instead, on changing the culture and eliminating the institutionalized racism in research institutions, so they are inclusive, fair, and accountable.*





important to include accurate data on representation as well as the size of stipends and awards for different programs. This transparency is vital to shed light on, and ultimately correct, the lack of equity in compensation given both to researchers from marginalized communities and to those doing work in those communities.

- **RECOMMENDATION 3.3**

**Develop individual and organizational awards.** AcademyHealth should highlight and provide awards for mentoring and for using anti-racist methods in research and should recognize researchers in marginalized groups. The Advisory Group believes that the current system of awards leaves many researchers out. For example, many people of color are isolated and don't have time or confidence to self-nominate. Creating new awards and offering transparent ways for colleagues to nominate potential candidates can help increase the visibility of researchers of color and ensure they are considered for and recognized with awards for general excellence, not just awards for diversity.

- **RECOMMENDATION 3.4**

**Increase access to training and professional development opportunities.** Continuing education is vital to career development, and networking is essential to building community both within and across organizations. However, professional development programs, such as trainings and memberships, are expensive and time consuming, especially for multidisciplinary researchers. AcademyHealth can expand pre- and post-doctoral training opportunities for minoritized groups, and offer guidance about what memberships and events have the most impact on an individual's career. Moreover, AcademyHealth can provide and encourage other organizations to provide sponsorships to cover membership and registration fees for early career professionals in marginalized groups. This can also be an opportunity for the sponsoring organization to improve its own diversity recruiting, which can serve as an incentive for participation. It's also helpful to provide sponsorships for a group of individuals, to help them network and build community among their cohort.

- **RECOMMENDATION 3.5**

**Review promotion and tenure criteria to include DEI and professional service.** Individuals who study disparities are often undervalued within academic institutions especially if their area of study is also part of their lived experience. Rather than seen as informed researchers in their respective areas of study and expertise, individuals are marginalized and often invisible with respect to offering value and contributions to the field. This undervaluing of their work can hamper their chances for promotions and tenure. AcademyHealth can work with member organizations to change criteria for promotion and tenure so that they reflect the importance of disparities work and prioritize it across the full spectrum of research topics.



*The goal of mentoring programs must be to enrich and empower people by giving them skills and tools to navigate different settings.*





### HOW WILL WE KNOW WE'VE SUCCEEDED?

- Organizations will be transparent and will report increased representation of marginalized groups.
- More networking, mentoring, and sponsorship opportunities will be available to marginalized groups and more members of these groups will participate.
- More promotions and tenure will be granted to underrepresented researchers focused on disparities work and professional service.



## RECOMMENDATION 4

Promote quality, accountability, and transparency of health equity data and research methods.



Research methods define the field of HSR and are perceived to be objective. However, from a racial equity lens, the methods are limited by embedded and implicit biases of people conducting the research who are disproportionately white and male and come from privileged backgrounds. Similarly, data is often seen as impartial when, in fact, it can come from a variety of sources and be collected in many different ways. Unfortunately, the biases of data are rarely examined. Marginalized people and communities bear the brunt of biased and inaccurate data and research methods.

Moreover, the power dynamics and culture of the research fields are such that work on the impacts of structural racism, including health disparities among marginalized groups, is viewed as less important, less rigorous, and inherently biased, especially if the researchers have lived experience that is relevant to their work. Intersectionality and critical race theory, which describe an analytic approach to understanding lived experience from the lens of multiple intersecting categories of oppression (e.g., gender, gender identity, race, and socioeconomic status), are not widely taught or accepted.

We believe that as a leader in the field, AcademyHealth has a responsibility to help set standards for anti-racist research. The organization can influence research questions, designs, methods, and agendas as well as data collection and can move the field toward an understanding of intersectionality and critical race theory.

### IN BRIEF

#### RECOMMENDATION 4

**Promote quality, accountability, and transparency of health equity data and research methods.**

##### 4.1

Create a collaborative guidance document and trainings for anti-racism research methods.

##### 4.2

Increase the availability and accuracy of data for underrepresented and minoritized groups.

##### 4.3

Increase the roles of marginalized groups in all aspects of publishing.

The Advisory Group has the following recommendations for how the organization can promote quality, accountability, and transparency of health equity data and research methods:

- **RECOMMENDATION 4.1**

**Create a collaborative guidance document and trainings for anti-racism research methods.** Guidance documents are needed to help researchers have a better appreciation and understanding of how to engage and conduct research with multiethnic, multicultural, and other diverse populations from an intersectional perspective.

While some colleague organizations have created cultural competency documents or trainings for clinicians, these often do not translate to researchers. AcademyHealth should also work with colleague organizations to expand dissemination of research about the social and structural drivers of health equity from an SDOH perspective.

- **RECOMMENDATION 4.2**

**Increase the availability and accuracy of data for underrepresented and minoritized groups.** More transparency in data is essential, including its provenance, curation, and principles of stewardship (who owns and has access to the data). AcademyHealth should consider collaborating with other organizations in the development of a statement of principles about data transparency and access and create additional guidelines for applying these principles in research. In addition, there is an urgent need for the government to update Office of Management and Budget (OMB) categories on race and ethnicity. AcademyHealth, in partnership with other organizations, should work with the Biden Administration's Interagency Working Group on Equitable Data to update these categories.

- **RECOMMENDATION 4.3**

**Increase the role of marginalized groups in all aspects of publishing.** More diversity and representation is needed among journal editors and reviewers. Underrepresentation in these roles leads to an unequal distribution of power to choose what research questions and methods are most valued. AcademyHealth can help support diversity in these roles by starting with the organization's official journals. It can also work with editors of other journals by applying the transparency principles to manuscripts that are submitted, such as by adding a section or text box on known biases or flaws in the data.

*Marginalized people and communities bear the brunt of biased and inaccurate data and research methods.*



*We believe that as a leader in the field, AcademyHealth has a responsibility to help set standards for anti-racist research.*



## HOW WILL WE KNOW WE'VE SUCCEEDED?

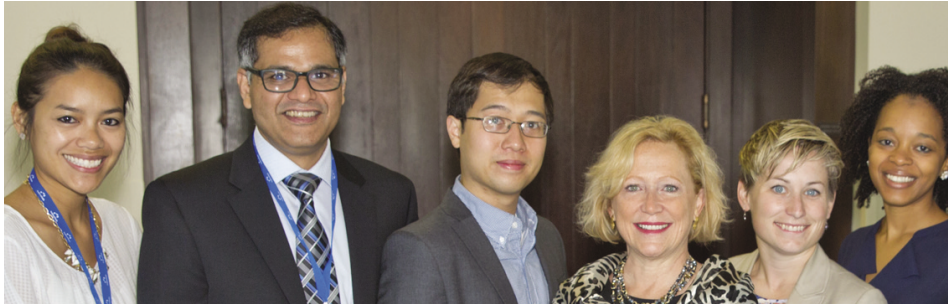
- Marginalized groups will be well represented as members of editorial boards, published authors, article and abstract reviewers, and members of review committees and study sections.
- More journals will have a clearly stated policy on collection, analysis, and interpretation of race and ethnicity variables in HSR.
- The research topics in journals will begin to reflect more intersectional perspectives and mixed methods approaches studying more diverse populations and study sections.
- The statement of data transparency principles will be adopted by more journals and academic and professional organizations.
- Structural racism will be discussed and acknowledged as a social determinant of health.
- Gender, gender identity/transgender status, sexual orientation, and disability status data will be regularly collected, analyzed, and reported as part of HSR studies and in national surveys and other data collection efforts.
- More researchers will be able to “live their intersectionality” openly and have their diversity of identities, backgrounds, and experiences recognized as a strength and expertise rather than a liability in research.





## RECOMMENDATION 5

Increase support for health equity research through meaningful partnerships and collaborations.



We are in a moment when most organizations want to do something to acknowledge structural racism and calls for racial justice and equality. Funders are also energized around racial justice and will benefit from engagement and insight in order to make more informed decisions about priority setting and resource allocation for DEI initiatives.

Funders have the power and leverage to set priorities for what kinds of work is supported at what levels, what kinds of organizations are funded, and what kinds of people receive the resources to do the work and disseminate it. Yet, decision-making processes and criteria are not transparent, and the culture of most philanthropic organizations reflects white privilege and is generally resistant to change.

AcademyHealth has a responsibility to discover, learn, and show other organizations, including funders, how to start a dialogue, identify appropriate partners and allies, anticipate and address potential backlash, and begin to acknowledge and undo the implicit biases and structural racism that affect HSR, research culture, and the larger society in the United States.

The Advisory Group has the following recommendations for how the organization can increase support for health equity research through meaningful partnerships and collaborations:

- **RECOMMENDATION 5.1**

- Develop a coordinated funding strategy with accountability metrics.**

- There are large gaps in funding for research in communities of color but without a consensus statement of values and priorities for funding, it is impossible to hold funders accountable. Funders want to contribute to the DEI field but don't know where to start. AcademyHealth should consider forming or joining a Council of Funders to create a statement

### IN BRIEF

#### RECOMMENDATION 5

**Increase support for health equity research through meaningful partnerships and collaborations.**

##### 5.1

Develop a coordinated funding strategy with accountability metrics.

##### 5.2

Expand the advocacy agenda of the organization and its members.

##### 5.3

Develop a model anchor institutions project.

of priorities (a white paper or road map) that describes the fundamental value for funding, conducting, reviewing, and disseminating research. This strategy could include systems of accountability for funders such as a report card with profiles about where funders choose to invest their capital, diversity in their leadership, staff and recipients, and what kind of impact their grantees have on marginalized communities.

- **RECOMMENDATION 5.2**

**Expand the advocacy agenda of the organization and its members.**

AcademyHealth should consider a change in composition of members of the Committee on Advocacy and Public Policy to allow for the committee to engage in more activities around racial equity and SDOH. AcademyHealth could also encourage its member organizations and partners to engage in local, place-based equity efforts using the tools and models provided by the Government Alliance for Racial Equity (GARE), a national network of governmental jurisdictions working to achieve racial equity and advance opportunities for all.

- **RECOMMENDATION 5.3**

**Develop a model anchor institutions project.** The Advisory Group believes that the anchor collaboratives model used by the Democracy Collaborative could work well with members and partners because this model explains that anchor institutions are usually nonprofit or public entities such as universities or hospitals that are tied to a place-based community by “their mission, invested capital, or relationships to customers, employees, residents and vendors.” Anchor institutions have already done the work to understand SDOH, and because of their deep roots, have “both ability and motivation to play a key role in improving the long-term wellbeing of the communities they serve.” AcademyHealth could identify member organizations that are already serving as anchor institutions (e.g., University of Arkansas for Medical Sciences) and create a model that other member organizations could follow to become anchor institutions in their own communities.

*We are in a moment when most organizations want to do something to acknowledge structural racism and calls for racial justice and equality.*

*Funders have the power and leverage to set priorities for what kinds of work are supported at what levels, what kinds of organizations are funded, and what kinds of people receive the resources to do the work and disseminate it.*

## HOW WILL WE KNOW WE’VE SUCCEEDED?

- New partnerships will broaden AcademyHealth’s portfolio and have an impact on community health through work on racism and other social determinants of health.
- New programs in HSR will reach new audiences and catalyze more organizations to promote DEI awareness and take action to improve equity.
- The funding priorities of philanthropic organizations will change, and their staffs will become more diverse.
- More organizations beyond traditional philanthropy will fund this work and engage with communities of color.





## CONCLUSION

AcademyHealth is in a unique position to influence the entire field of HSR by setting examples in its own work, providing guidance to member organizations, holding funders accountable, and partnering with institutions around the country. The Advisory Group recognizes that AcademyHealth has already taken a leadership role on issues of DEI in HSR, initiating discourse about these issues before many organizations were ready to admit the field had work to do.

The Advisory Group believes that by following the recommendations set out in this report, AcademyHealth can be a catalyst for positive change in the field to advance workforce diversity, equitable career advancement, and the broader research enterprise.

We thank AcademyHealth for its commitment to advancing DEI in HSR and for giving us the opportunity to help the organization set priorities and direction.



Diversity Health  
COMMUNICATIONS