DISRUPTING THE STATUS QUO: REDESIGNING ACADEMIC INCENTIVES TO PRIORITIZE SOCIAL IMPACT IN HEALTH SERVICES RESEARCH

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Paradigm Project

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LETTER TO THE HSR COMMUNITY

Dear Colleagues:

This report summarizes a recent Paradigm Project meeting convened to examine how existing academic incentives too often work at cross purposes with inspiring researchers to pursue studies with social impact.

The Paradigm Project is a concerted, collaborative effort of AcademyHealth, supported by the Robert Wood Johnson Foundation, to increase the relevance, timeliness, quality, and impact of health services research (HSR) through innovation.

The purpose of the meeting was to explore the "intensifying quandary over academic incentives that reward researchers for generating grant funding and peer-reviewed articles rather than producing research that improves people's lives." Consistent with AcademyHealth's commitment to diversity, equity, and inclusion, we ensured a range of voices and perspectives was present at the meeting and this intentionality resulted in a conversation that, at times, felt unexpected for some of the participants. The discussion underscored the urgent need for the field to confront the often unacknowledged and long-existing state of structural racism and discrimination within and beyond the HSR ecosystem and the myriad ways that these are encoded through the policies, processes, and incentives of research institutions.

Over the course of two afternoons, we engaged in candid conversations that repeatedly circled back to the field's lack of meaningful diversity, equity, and inclusion and how these deficits perpetuate inequitable access to research funding, tenure, and other opportunities for younger, Black, Indigenous, other people of color, and/or women researchers.

Understanding the lived experiences of colleagues who have been marginalized for one or more aspects of their identity—along with honestly grappling with a peer-review system that undervalues real-world research impact—is critical to dismantling structural discrimination and fulfilling HSR's mission to inform policy and practice through evidence.

To that end, meeting participants began to identify innovative approaches to academic incentives and rewards that can empower the field to produce research that illuminates real-world problems and delivers effective solutions rather than just journal citations. We encourage you to read the report and consider what you—and your institution—can do to disrupt the status quo and redesign academic incentives to prioritize research that is equitable, high impact, and improves people's lives.

Sincerely,

Lisa A. Simpson, M.B., B.Ch., M.P.H, FAAP President and CEO, AcademyHealth Karen Minyard, Ph.D. Director, Georgia Health Policy Center

SUMMARY

Like many disciplines, the field of health services research (HSR) faces an intensifying quandary over academic incentives that reward researchers for generating grant funding and peer-reviewed articles rather than producing research that improves people's lives. At the same time, growing evidence indicates the research enterprise has hardened in ways that create barriers for the incoming generation of researchers. This report summarizes key points from a May 2021 meeting convened by AcademyHealth to explore redesigning academic incentives to prioritize the social impact of HSR and related issues, including the tangled web of peer review, federal research funding, and academic recruitment, promotion, and tenure policies; inequitable access to research funding and tenure, especially for younger, Black, Indigenous, and people of color (BIPOC), and/or women researchers; the need for more community-responsive research aimed at solving real-world problems; and assessing research impact. The report also examines leverage points in the research ecosystem— criteria for accrediting universities and their educational programs, university business models, funder requirements, journal policies, and researchers, themselves—to refocus academic incentives on social impact (see Take Action for examples of how to prioritize research impact and Next Steps on page 12 for a more complete list of ideas discussed at the meeting).

TAKE ACTION

Ideas without action mean little. Disrupting the status quo requires action—and accountability—across the HSR ecosystem. The following examples illustrate how different facets of the field can act as catalysts to help realign academic incentives to support research that improves people's lives (see page 12 for more ideas and associated roles discussed at the meeting).

Individual Researchers

• Emphasize research impact when serving on peer review committees related to funding awards and recruitment, promotion, and tenure decisions.

University Leaders

• Flip the premise of tenure by giving younger researchers the job security and breathing room to follow their passions and conduct research with social impact instead of constantly chasing funding and tallying peer-reviewed journal articles to build their case for promotion and tenure.

Public and Private Funders

• Transform timelines and mechanisms to emphasize applied research and community/practice impact.

Educational/University Accreditation Entities

• Evaluate accreditation goals against societal needs and how effectively a university serves the community.

Journals

• Devise new measures of impact based on policy and practice take up rather than citations.

Professional Associations, including AcademyHealth

 Convene and support a network of change agents to continue working within and across academic disciplines and institutions to champion research impact as a critical metric for funders, universities, journals, and accreditation entities.



UNINTENDED CONSEQUENCES

"For academic researchers competing for jobs, promotions, and tenure, the incentives today are clear: The road to tenure is paved with measures of peer-reviewed publications, first authorships, citations, journal impact, grant funding, and national or international reputation. For the most part, measures of research impact on societal problems are missing in action from performance evaluation criteria within academic disciplines. Therefore, it's hardly surprising that academics, including those conducting health services research, tailor their research practices and problem choices to fit university evaluation criteria for tenure rather than solving societal problems."

 Jonathan Grant, Academic Incentives and Research Impact: Developing Reward and Recognition Systems to Better People's Lives

BACKGROUND

As a field that aspires to improve people's health and health care with evidence, social impact is at the heart of the HSR mission to inform policy and practice. While conventional wisdom holds current norms of academic recruitment, promotion, and tenure as integral to academic freedom, many observers of both HSR and higher education see a widening divergence between academic incentives and the responsibility of universities to foster scholarship that improves people's lives. At the same time, growing evidence indicates the biomedical and social science research enterprise has calcified in ways that create barriers for the incoming generation of researchers. Centered on rewarding researchers for generating funding and peer-reviewed journal articles rather than research with real-world impact, the status quo enables too much poor quality and wasteful research at best and scientific misconduct at worst.

Redesigning academic incentives and rewards to include measures of social impact is central to reimagining HSR and a focus of AcademyHealth's Paradigm Project-a concerted, collaborative effort supported by the Robert Wood Johnson Foundation to increase the relevance, timeliness, quality, and impact of the field through innovation. As part of the Paradigm Project, AcademyHealth convened a May 2021 meeting to explore how innovative academic incentives and rewards can empower the HSR field to produce research that both illuminates real-world problems and delivers solutions. A recent paper commissioned by AcademyHealth and authored by Jonathan Grant, Ph.D., of Kings College London and Different Angles served as a springboard for discussion (see Unintended Consequences).¹ Over the course of two afternoons, experts from within and beyond HSR challenged the status guo of academic incentives and began charting a course for the field to prioritize research impact. Among the topics discussed, participants:

• Examined how current academic incentives leverage research funding to balance university budgets rather than generating or applying knowledge to solve societal or community problems while perpetuating inequitable access to research funding and tenure, especially for younger, BIPOC, and/or women researchers.

- Discussed how improving the social impact of research in the United States likely cannot occur without first addressing the racial and social inequities in academia.
- Explored how to define a vision for HSR and evaluate research impact while involving communities, especially those marginalized by structural inequities, in designing and measuring HSR impact on people's health care and health outcomes.
- Identified the context for potential change and accountable entities while charting a nascent course for redesigning academic incentives to increase the social impact of HSR.

This report summarizes the May 2021 meeting discussion, including the unintended consequences of existing academic incentive systems; the role of peer review in deemphasizing research impact; racial and social inequities in academia that deter pursuit of community-responsive research designed to solve real-world problems; and measuring research impact. The report also examines leverage points in the research ecosystem—criteria for accrediting universities and their education programs, university business models, funder requirements, journal policies, and researchers, themselves—to refocus incentives on social impact. Because the session was off the record, the report conveys the general content of the meeting without attributing specific comments to particular participants. The discussion was informed by existing research though neither the discussion nor this report incorporates a systematic review of the literature related to academic incentives.



CONFLATING THE 'WICKED PROBLEMS' OF ACADEMIC INCENTIVES AND RESEARCH IMPACT

By definition, one aspect of a wicked problem—or a seemingly intractable policy or social problem—is the interconnected nature of the problem with other problems—in other words, every wicked problem is a symptom of another problem.² Such is the case with academic incentives and research impact, which in turn are interconnected with concerns about the peer review process, racial and other social inequities, and meaningfully partnering with communities across the research process to answer real-world questions, among other issues.

Research's potential to solve societal problems is extraordinary—one need only look at the response to the COVID-19 pandemic, when over the course of little more than a year, an unprecedented worldwide research effort developed mass testing techniques, various treatments, multiple effective vaccines, and outreach strategies to get people vaccinated. Yet, in more typical times, by one estimate, about 85 percent of all spending on health research is routinely wasted on poorly designed, redundant, biased, or badly reported studies.³

Too often, current academic recruitment, promotion, and tenure practices reward adeptness at capturing federal funding and burnishing university reputations in various ranking schemes rather than conducting research that improves people's lives. At the same time, the current peer review system integral both to winning federal grants and gaining tenure has ossified and failed to innovate and keep up with societal needs. Senior investigators largely control the peer review process, which given the myriad facets of structural inequities in society and academia, results in an enterprise dominated by White men. The latest National Institutes of Health (NIH) data reveal that 60.5 percent of all reviewers are men, 68.4 percent are White, 2.5 percent are Black, and 4.6 percent are Latino.⁴ As a result, many young, BIPOC, and/or women researchers—including those perhaps more eager to engage and partner with marginalized communities to solve real-world problems—remain on the sidelines.

Dating to the early 20th century, the current U.S. tenure-based academic incentive and reward system emerged to combat challenges to academic freedom. Over time, however, tenure's economic security and status, in combination with "hyper-competition" for both academic appointments and research funding and more use of metrics for evaluation purposes has resulted in wide-ranging unintended consequences as illustrated in Table 1, according to critics.⁵

THE 'GORDIAN KNOT' OF THE ACADEMIC BUSINESS MODEL AND FEDERAL RESEARCH FUNDING

Academic research is big business in the United States, reaching almost \$80 billion in 2018, according to the National Science Foundation, with nearly two-thirds going to basic research, a quarter going to applied research, and a tenth to development. The federal government funds more than half of all academic research and development, and the U.S. Department of Health and Human Services, primarily through NIH, provided more than half of federal support for academic research in 2018.⁶

"In my view, we have sort of this big Gordian knot between the incentives that drive academics and from the funding agencies, and to me it is no surprise at all that one of the criteria for promotion at [an ivy league university] is that you get federal funding... because federal funding comes with 70 percent overhead. And if you're the dean of [a medical school,] you literally can't keep the lights on unless there's a significant amount of federal funding that's coming in the door, and therefore that gets translated into it being an important criterion for people being promoted," a meeting participant said.

Disrupting the status quo, moreover, as one participant noted "isn't a neutral thing, right? Some people are losing, and the people who are losing often are white and male...when we make change happen, we have to go to the center of what keeps power in place. And if we don't take it head on right from the beginning, including white allies speaking about issues of race and racism and men speaking about sexism, we can't actually make change happen."

Another participant cautioned that dismantling the complicated cross-subsidies in higher education could result in unintended consequences, saying, "My concern is some skepticism about being too radical, and we could talk about completely changing the system, but it did evolve for a reason... and it doesn't mean that's not a good reason to change it.... We should be careful about what we end up with, because we may end up with something that's not sustainable." For example, most medical schools lack core funding for education, with tuition covering about 5 percent of a school's budget, according to the participant. Medical schools contribute about 50 cents for every dollar they get in federal research funding, effectively subsidizing both education and research through clinical revenue, philanthropy, and other sources. "So, people are paid either to take care of patients or to do research. So those indirect dollars are actually contributing to the ability for people to do research," the participant said.

But from other participants' vantage point, the "perverse incentives" to maintain the status quo are too damaging, with one saying, "When we're considering the unintended consequences of change, let's not act like there's not currently harm that's happening."

Incentive	Intended Effect	Actual Effect
Researchers rewarded for increased publication.	Improve research productivity, provide a means of evaluating performance.	Avalanche of substandard, incremental papers; poor methods and increase in false discovery rates leading to a natural selection of bad science; reduced quality of peer review.
Researchers rewarded for increased citations.	Reward quality work that influ- ences others.	Extended reference lists to inflate citations; reviewers request citation of their work through peer review.
Researchers rewarded for increased grant funding.	Ensure that research programs are funded, promote growth, generate overhead.	Increased time writing proposals and less time gathering and thinking about data. Overselling positive results and downplaying negative results.
Increase PhD student productivity.	Higher school ranking and more prestige of program.	Lower standards and oversupply of PhDs. Postdocs often required for entry-level academic positions, and PhDs hired for work MS students used to do.

Table 1. Intended And Unintended Effects Of Academic Incentives On Research

"Reproduced from Grant, J. "Academic Incentives and Research Impact: Developing Reward and Recognition Systems to Better People's Lives," AcademyHealth, February 2021. Table is an abridged version of Table 1 in Edwards MA & Roy S (2017). Academic research in the 21st century: Maintaining scientific integrity in a climate of perverse incentives and hypercompetition. Environmental Engineering Science, 34, 1, 51-61. [Available from https://www.liebertpub.com/doi/10.1089/ees.2016.0223, accessed November 2020]."

'HOSTILE." 'TOXIC.' 'STRUCTURAL RACISM.' 'EAT OUR YOUNG.' 'PERVERSE.'

All strong terms—and all terms used by participants to describe the current—and arguably mutually destructive—relationship of academic incentives and federal research funding. Citing the adage that every system is perfectly designed to achieve the results that it gets, one participant observed, "So the results we have in health services research as a field are the end result of a lot of intentional—maybe some unintentional—but mainly intentional choices that have been made on how to fund, reward, incentivize what is done and who gets what."

In a similar vein, another participant said, "Those of us who are of color...in this system as it currently exists, I think, often find it so hostile that you have two choices: You either change and completely conform...go get a white co- [principal investigator], and that's how you get your first RO1. That's not a sustainable system and that's not right, and so you either make that choice or you leave.... I don't know how you fix that system without first acknowledging that it is a system that has truly systemically disadvantaged a slew of really bright, brilliant, energetic people over the course of history."

Along with marginalizing people of color and others, multiple participants pointed out that the peer review study section system embraced by NIH and other federal funders to award competitive grants discourages taking risks on younger researchers or innovative methods like community-engaged research. "I think it's for investigators of color, but it's also for new investigators. I can't recount how many times I've seen really good proposals from new investigators just get down scored because they're new and we're not really supposed to be doing that. And we're always talking about the K to R transition in our field and, frankly, I think we eat our young in that transition—we do a terrible job of it," a participant said, referencing NIH's K01 career development grants and R01 grants for larger, multi-year projects—the latter of which are especially prized when seeking promotions and tenure.

'IMPACT.' 'EQUITY.' 'ANTI-RACISM.' 'COMMUNITY.' 'ACCOUNTABILITY.'

Moving from what is to what could be, participants parsed and debated language for a new vision of HSR that could help refocus incentives from funding and promotion/tenure—which participants overwhelming agreed hold the most sway over researchers' work—to social impact. Asked to pick one word that "best captures your vision for the health services research world we should aspire to create," participants responded with terms like impact, anti-racism, equity, and accountability (see Figure 1). Breaking into smaller groups, participants were asked to use the terms they identified as the basis for a one-sentence HSR vision statement "that gives a sense of the future you desire."

Within one breakout group, suggestions for broad statements like "HSR strives to produce evidence to improve the health of all" prompted unflinching pushback to define "all" explicitly. "When we say 'of all,' it seems to me as if people can choose who all is," a participant observed. "All is supposed to be everybody, but is 'all' always everybody? And we know the answer to that is no." Another participant, however, said, "I actually think all means all, and I realize the difference between Black Lives Matter and All Lives Matter, and I recognize that, but I worry, for example, that if we start an inventory list of where we put say Latinx people, gay people, Black people, Asian people, it starts to become a litmus test rather than a goal." But another participant countered, "The list needs to be there, because it's been too long where the list has not been there, and that's part of the problem," adding that "universal, theoretically, is supposed to mean all, but really universal means people with power."

Figure 1. Building Blocks for a Reimagined Vision of HSR



Ultimately, the group, noting, "we have a clear divergence of opinion about this issue, and that's not a bad thing," decided "to push back against the assignment" and reported back to the larger group that there was insufficient time to produce a vision statement. The decision prompted one participant to observe, "We have to figure out how the power dynamics—that were even evident within our group—create a situation where coming to a consensus is challenging." Another participant noted that "we had a rich discussion… around this notion that when we use words, they all don't mean the same thing for all the same folks. We keep saying all—we already know that all is, like, not a thing, at least not how it's experienced when we talk about the research enterprise. If it was, then we wouldn't have articles like 'Fund Black scientists' in *Cell*, right?"⁷

Along with urging more examination of how power dynamics can thwart building consensus for a shared vision of HSR, several participants noted the need for greater accountability, saying that there is little point in developing a vision statement without mechanisms to ensure accountability.

SHOW ME THE IMPACT

In 1998, Congressman John E. Porter, an Illinois Republican, quizzed the late John Eisenberg, then the director of the Agency for Healthcare Research and Quality (AHRQ), about the agency's work and impact. During an appropriations subcommittee hearing, Porter said to Eisenberg, "Well, it does not matter how many reports are out there if nobody ever reads them or does anything with them.... What we really want to get at is not how many reports have been done, but how many people's lives are being bettered by what has been accomplished. In other words, is it being used, is it being followed, is it actually being given to patients?" ⁸ "We don't review or evaluate the success of our funding once we get it out the success is we spent all the money...we don't say, 'Did the things we funded make a difference?'" **Prioritizing community-responsive research**. As both a basic and applied research discipline, tensions exist between advancing the HSR field's knowledge and methodological base and applying evidence and designing interventions to solve real-world problems. "There is a need for direct community-responsive research, but there is [also] still a need for some of that purer data science, methodological research—that's still important to the field—it's important to make sure that you come up with accurate findings when you are doing community research, and so there needs to be a balance. And the question is really where to strike the right balance between that type of research and more direct community-responsive research," a participant said.



Even when researchers are committed to responding to community needs, such proposals get "captured by the system and the grant applications are reviewed by insiders.... even things that are meant to be community responsive can end up being changed and tainted by the system because of the process that they go through," a participant said. Additionally, without meaningful community partnerships across the research process, "community needs, as seen by researchers, might not be centered on the lives and priorities and lived experiences of the community itself—so even when we think we're being community responsive, we may not actually be as responsive, as we think we are."

Funders also need to be both more accountable to communities and require accountability from researchers, with a participant saying. "We don't review or evaluate the success of our funding once we get it out—the success is we spent all the money...we don't say, 'Did the things we funded make a difference?'"

Measuring impact. At the same time, assessing research impact—the focus of other ongoing Robert Wood Johnson Foundation-funded work by AcademyHealth⁹—remains a thorny issue for various reasons, including the technical challenges of quantifying and meaningfully differentiat-ing impact from a magnitude standpoint, the long horizon sometimes needed to measure change, and the fact that social impact often results from the work of many researchers, ideally amplifying one another's work.¹⁰

"The truth of the matter is our science is not amplifying. You see a lot of replicative work.... I think somebody early on said there was a whole lot of description about social determinants of health without feeling any ethical imperative to do anything about them. At some point, we have to think about moving beyond descriptive work and do some risk taking around really thinking about either testing interventions or thinking about community engagement as an intervention," a participant said. Similarly, another participant said, "The current idea of impact is really about the number of citations, and we need to change it to health outcomes if we want to actually impact an environment." Another participant urged investment in identifying ways to measure community impact, saying, "We really don't have measures that we can rely upon to determine whether someone's having an impact in the community or that their research is being translated and being adopted by people in in the field or practitioners.... whatever we can count, that's what's important, and the other stuff that we can't count, it's considered, but when it comes to trying to make decisions on the margin, the things that we can count are going to matter most."

But advances in measuring research impact are occurring, as other participants noted. For example, recognizing the need for metrics that go beyond the amount of grant funding received and the number of peer-reviewed publications, the Association of American Medical Colleges, in collaboration with RAND Europe, developed resources—100 Metrics to Assess and Communicate the Value of Biomedical Research: An Ideas Book¹¹—to support academic medical centers in evaluating and communicating research outcomes and impacts to stakeholders, including patients, providers, administrators, and legislators. Other examples cited by participants included the George Washington University Mullan Institute's Social Mission Metrics Initiative, which centers on creating and using metrics to assess social mission in U.S. dental, medical, and nursing schools, and the International School for Research Impact Assessment.

Stressing policy impact. Moving beyond community impact to policy impact, a participant pointed out that existing federal funding structures are not designed to support policy research, saying, "There's a lot of health services research that we do that is evaluation of policy and testing new models and things of that nature, where having a process that takes three or four years to go from inception of an idea to actually getting funded, and then another three or four years to produce the evidence and do the research completely does not match the fast-moving policy world that we're trying to impact with the research that we do. Frankly, I think we need to completely blow up the whole study section model—it does not work for a lot of the work that we do." Another participant, however, said, "In terms of radically reforming the way that research is funded.... If you want to blow up the peer review system, you've got to come up with something else that you think is going to actually fix those problems."

LEVERAGE POINTS FOR CHANGE

With a charge to "suspend your disbelief that the system can ever change," participants began exploring possible leverage points for change by stepping into the shoes of critical players across the research process—public and private funders, university leaders, university accreditation/program review bodies, and peer-reviewed journals. The assignment:

- Among the incentives you control in your assigned role, what would you change? (i.e., What's not working?)
- What would you keep? (i.e., What is working?)
- What is one radical idea for changing the status quo?
- What are the first steps needed to test or implement your radical idea?
- Who should be accountable for the change?

"Frankly, I think we need to completely blow up the whole study section model—it does not work for a lot of the work that we do."

COMMON THEMES

Spoiler alert: No orderly menu of action emerged from the discussions but rather a smorgasbord of ideas centered on overcoming the inherent "first mover disadvantage for anybody who wants to do this differently." And, that next steps should include identifying "what's the minimum critical mass you need in the system to change one of the components that really have to shift simultaneously," as one participant said, adding, "Trying to carefully, strategically pick out those key decision points in the system and focus on bringing change there to start with, I think, will be really helpful."

Focus on grant peer review. The component repeatedly cited as ripe for reform in the HSR ecosystem was the peer-review process and funding, with a participant observing "from the perspective of funders, and frankly I think that's where we should be advocating to have change because I think it's the one place where maybe we can see the change happen, because if a [top-tier university] decides to change on its own then it's going to fail because the financing model hasn't changed, but the Feds actually can change this, and I think this fundamentally probably starts with the peer-review process."

Support change agents. Another common theme was to build a network of change agents within institutions and across HSR and other disciplines to continue building the case for university leadership, journals, public and private funders, and accreditors to shift incentives to value social impact. As one participant said, "So, we are peer reviewers, we are journal editors, we are science and knowledge producers and so there's always this ubiquitous 'they' that we're talking about that actually really is us.... so, objectifying it like we don't have any accountability or responsibility to do something about that I think is challenging. And, so I also want us to be thinking with both hats on...because there's some pretty powerful people on this call, and it makes me curious to ask folks: What are we prepared to do in order to be able to operationalize parts of this discussion?"

Equity. And throughout the discussion, attention to equity as both a means and end to greater research impact was cited again and again, with a participant saying, "As misaligned as the current incentives are for so many, they are particularly toxic and detrimental to persons of color in academic settings. So, as we think about the opportunities for change and the points of leverage, I encourage you to think explicitly about how the change you're debating or discussing could also advance equity as part of the new vision that we talked about for health services research. I want you to examine if we made this change what might be some potential unintended consequences that reinforce the existing policies and structures and practices of structural racism. So, it's not just bringing—some call it—an equity lens to the conversation, it's actually talking about change for equity, as well as change for everything else."

NEXT STEPS

As the field continues to innovate and identify ways to increase the relevance, timeliness, quality, and impact of its work, building out innovative ideas to maximize research impact in policy and practice within a context of equity and community partnership will be vital. A sampling of other ideas and associated roles discussed at the meeting included:

AcademyHealth

- Create an organizational award to recognize institutions that prioritize research impact.
- Develop case studies of institutions successfully incorporating and measuring social impact, as well as equity, into their incentive structures.
- Convene and support a network of change agents to continue working within and across academic disciplines and institutions to champion research impact as a critical metric for funders, universities, journals, and accreditation entities.
- Advocate that university ranking schemes incorporate measures of research impact.

Individual Researchers

- Emphasize research impact when serving on peer review committees related to funding awards and recruitment, promotion, and tenure decisions.
- Stress research impact when serving as a peer reviewer of journal articles.
- Include research impact examples when applying for funding or positions.

Universities

- Flip the premise of tenure by giving younger researchers the job security and breathing room to follow their passions and conduct research with social impact instead of constantly chasing funding and tallying peer-reviewed journal articles to build their case for promotion and tenure.
- Change evaluation metrics for recruitment, promotion, and tenure at all stages to focus on equity and inclusion as well as research impact.
- Insist that universities be accountable to communities and deliver on their social contract to improve people's lives.

Public and Private Funders

- Require federal funders to report to Congress on research impact.
- Fund people instead of projects.
- Democratize foundation boards.
- Transform the timelines and mechanisms to emphasize applied research and community/practice impact.
- Pay peer reviewers, especially researchers from marginalized groups who are already taxed and overburdened.
- Fund community-based organizations directly and require universities to operate as subcontractors.
- Flip the script by inviting communities to bring their needs, ideas, and challenges for funding consideration rather than researchers.
- Develop metrics to assess impact—for example, policymakers believe research findings enable them to take action or make a more-informed decision.

Accreditation Entities

- Evaluate accreditation goals against societal needs and how effectively a university serves the community.
- Include community members' viewpoints and feedback about the performance of universities.
- Elevate the concerns and lives of university staff relative to faculty and students.

Journals

- Democratize leadership and editorial boards.
- Devise new measures of impact based on policy and practice take up rather than citations.
- Synthesize research findings for policymakers, practitioners, and the public.
- Prioritize community impact.

Endnotes

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