Achieving Health Equity through Collaboration: Meeting Notes
July 14, 2017
Washington, DC

Meeting Purpose: To explore interest among funders in working together, building our collective knowledge, and advancing progress toward health equity.

The goal of advancing health equity has risen to the top of many of the nation's most respected and influential funders—public and private—making this an opportune moment to work together to advance progress. This meeting invited health equity funders and researchers to begin to identify common goals and promising pathways forward. *(See Appendix A for the participant list.)*

Panel: Perspectives from Researchers
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The panel identified priorities for research, tactics to ensure that research findings are used, methodological issues, and overall advice for funders:

Research Priorities
- evaluate existing programs and policies that aim to improve health equity (e.g., Head Start, housing vouchers) to identify whether they are successfully reducing equity gaps
- design program evaluations to intentionally allow for tailoring successful interventions for other populations/sectors and to learn from failed interventions
- study multi-component interventions to understand how this approach can achieve advances (vs. testing one variable at a time)
- evaluate or study cross-sector (vs. "single- sector" or "siloed") initiatives and address the academic and systemic barriers that discourage this type of collaboration (e.g., there are opportunities for education and housing initiatives to collaborate to combat health inequities)
- seize opportunities to evaluate the economic and other benefits of policy, systems, and environmental changes to improve health equity
- identify unanswered questions related to one or more social determinants of health (e.g., the most effective and efficient approaches to early childhood education and care; where and how health care can be deployed to improve health equity)
- support more research on the impact of racism and racial bias and develop research and intervention models that track and evaluate structural and institutional racism across the life course

Ensuring Use of Research Results
- better understand how to create "political will" that can provide support for advancing health equity and how to communicate research findings to guide collective action
- help stakeholders, advocates, and the public become better consumers of science to help navigate a political climate where some say science does not matter
- increase understanding of how to support social movements with rigorous research evidence
- lead the charge to "democratize data" to increase the availability, communication, visualization, and use of emerging findings by the public, including community members/leaders and decision makers

Methodology, Measurement, and Other Research Design Issues
- engage affected populations in the design, implementation, and evaluation of promising interventions
- include a historical lens and systems perspective when examining the context of racial inequities (e.g., there is growing interest in measuring residential history and its impact)
- blend qualitative and quantitative data to more completely understand what is occurring and why
- employ methodologies that capture upstream drivers of health equity and inequity
- develop common, valid, and actionable measures of community-level activities and outcomes
- consider using simulations to determine under what circumstances populations have the greatest opportunities to reduce inequities

Overall Advice to Funders
- seize on the expanding interests, efforts, and investments in advancing health by providing a forum for cross-funder collaboration: *"We need to move with a certain speed."*
- be bold in considering where to make the biggest impact, determine how to complement each other's efforts, and do a few big things rather than many small ones
- take a visible position on the variety of methods that constitute rigorous research, including opportunistic non-RCT studies, emerging "natural experiments," and mining "big-data" repositories
- consider the real-world challenges and budget implications of initiatives and help make the case for state-level decision makers to fund efforts to advance health equity
- synthesize what is being learned across diverse health equity research initiatives to move from disconnected research results to creating a deeper knowledge base
- recognize that some interventions may benefit all populations but may not achieve the goal of helping those who are <u>most affected</u> by inequities in opportunities and resources
- identify the most effective methods for communicating/translating health equity-related research findings for decision makers, community leaders, research funders, policy makers, and the public

Discussion: Collaborative Knowledge-Building
Participants discussed the complexity and challenges of knowledge-building to advance [health] equity, and how collaboration could be useful:

Benefits of Collaboration
- accelerating cross-funder learning
- increasing opportunities to fund cross-systems and policy work
- facilitating "out of the box" thinking (e.g., using novel methods and measures to understand and address root causes, upstream drivers, and systems-level determinants of health equity and their complex interactions)
- collectively addressing tensions between what researchers and funders want to address and what affected communities want, which involves engaging community members and leaders in ways that empower them to provide input and make needed changes
- developing practical methods for translating research and evaluation findings into policy action in real time
- creating access to partners who understand equity and have the skill sets to conduct research and evaluation to increase knowledge
- learning from the health care sector (and other sectors) about their successes and the factors that contributed to them (e.g., factors that influenced the reductions in African American mortality rates over the last several decades)

Early Tasks toward Forming a Collaborative
- get to know one another and one another's work as a key early step to building new working relationships
- focus on understanding each other's language and how connected we are (in mission and aims) across sectors
- create a space to learn from each other while moving towards collaboration--*"Sometimes what we end up collaborating on emerges organically through learning spaces"*
- start with the low-hanging fruit—where there is an intersection across organizations/sectors that is already recognized rather than having to convince others that working together is viable and productive (e.g., strongly consider focusing on early childhood education and health given that "*education is a big part of health in the future*")
- consider focusing on building an actionable, solution-oriented knowledge base/field of research
- draw on the evidence and "lessons learned" from previous collaboratives that participants have been a part of
- develop strategies and criteria to help determine a focus for a collaborative that can add value to each participant's work
- plan to measure benefits and successes of the collaborative

Potential Next Steps
Funders identified these potential next steps toward more formal collaboration:
- seek volunteers to form a small planning group
- ask participants to share these meeting notes within their organizations
- identify other funders who should be at the table
- scan funders' health equity investments (what programs and research are currently being funded)
- compile lessons learned about partnerships and collaboratives to build on previous experiences

- find dates for continuing the discussion (e.g., through webinars, meetings) on issues including:
    - what benefits a collaborative could provide to participating funders
    - the focus of a collaborative (e.g., on specific *issues* such as early childhood, education, health care; on specific marginalized *populations* (including/and beyond racial/ethnic minority and low-SES populations); cross-cutting *issues related to research and evaluation* design, funding, synthesis, and application
    - roles, responsibilities, and time/resource estimates needed for successful collaboration
    - how *health* equity relates to other important determinants (e.g., *educational* equity)

"I am excited…that we could come together and talk about these issues and share challenges in this space and to know that we are not alone in this work."

Findings from Researcher & Funder Interviews

Most participating researchers and funders were interviewed in advance of the meeting to inform the meeting design and goals. The following themes arose from the interviews:

Researchers

- **SOLUTIONS:** The field is ready to consider solutions; there is lots of existing research that is ready to be acted upon.
- **AREAS:** There is a need for work across multiple areas and multiple disciplines that are interrelated and not distinct.
- **RESEARCH DESIGN:** Traditional NIH RCT design does not lend itself well to health equity work. We need more natural experiments and need to develop distinct standards for health equity research (rather than an "anything goes" approach).
- **INTERNATIONAL LESSONS:** There is a sense that other countries (UK, Australia, Canada, etc.) are much more advanced in their health equity research. We need more longitudinal studies in the United States that could incorporate health equity outcomes of interest.
- **POPULATIONS:** There was unanimous agreement that health equity research should include *all* marginalized/oppressed populations.

Funders

- Interviewees had different understandings of the term "research" and what it does/does not encompass (often not considering natural experiments, evaluation, or more translational research in their definition).
- Organizations were more interested in research that would lead to capacity building and improved practice rather than research for the sake of research.
- It is critical to include partners representing the full spectrum of the social determinants of health.
- Many interviewees expressed that the key research questions already exist, and we already have a "critical mass of research." Now is the time to synthesize findings to get some of the answers (confirming solution-oriented approaches).
- If there has been success in certain places and/or with specific populations, we should isolate what worked and scale that up.
- We should take an upstream vs. downstream approach.