

Questions for Reviewing Research Proposals for Sensitivity to Health Equity Issues

INSTRUCTIONS

This document and rating tool was modified from Kumanyika 2019 ([A Framework for Increasing Equity Impact in Obesity Prevention](#)). The purpose of this tool is to provide additional guidance when developing and reviewing research proposals on their potential to have an impact on achieving health equity. See the [section below](#) on definitions, examples, and resources before and during the use of this tool.

The Washington University Center for Diabetes Translation Research uses a version of this tool in its pilot and feasibility review process. We present it in its entirety here as a resource for pilot applicants.

Significance, study hypothesis, and specific aims

This section relates to how well health equity issues associated with the study question are addressed in descriptions of the study rationale and context and are reflected in the aims. Specific points to keep in mind are:

- Explanation of the specific health equity issue or issues to be addressed
- Explanation of why the proposed research would have an impact on health equity
- Likelihood that the findings would have wider applicability for addressing health equity (i.e., outside of the specific setting or population in this research)
- How central are health equity issues to the study aims?
- If hypotheses are stated, how specific are they to equity-related issues?

1. Overall, how strong is the intention to focus on health equity issues in the proposed research?

Exceptional 1

Outstanding 2

Excellent 3

Very Good 4

Good 5

Satisfactory 6

Fair 7

Marginal 8

Poor 9

Research Design and Methods

This section relates to how well the research design and proposed methods demonstrate an ability to address health equity considerations and yield results that can be meaningful for identifying an impact on equity. Details to keep in mind are as follows:

Study design

- Suitability of the study design for making clear inferences about equity-related effects when comparing a priority population with a reference population, or when comparing across groups within a priority population (e.g., comparing children living in lower vs. higher income households within an ethnic minority population)

Study population(s), setting(s) and communities

- Description of the priority population(s) to be studied (i.e., demographics and in terms of historical and social contexts)
- Consideration of potentially important demographic heterogeneity within the priority population with respect to potential intervention delivery and response (e.g., age, gender, socioeconomic status, ethnic or subethnic origin)
- Primary and contingency recruitment plans that anticipate challenges in enrolling participants from priority population(s) to be studied.

Theoretical framework/conceptual model and intervention approach

- Description of pathway(s) or mechanisms whereby intended impact on equity would be achieved
- Application shows awareness of potential unintended adverse consequences for the priority population

Research methods and measures, including primary and secondary outcome measures

- Tailoring of the intervention approach to the practical and sociocultural or socioeconomic realities of the priority population
- Consultation or engagement with members of the priority population(s) (e.g., community leaders, organizations, or residents) before and during the project
- Suitability of proposed survey measures for use with the priority population(s) to be studied (e.g., face-validity of survey content; reports of prior use in the population; plans for pre-testing and adaptation)
- Inclusion of process measures to assess whether quality/completeness of implementation is adequate in priority population subgroups.

Statistical and data analysis methods, including estimating power to detect proposed effects where appropriate

- Quality of the sample design (i.e., size, oversampling) for assessing key process and outcome variables in a priority vs. reference population or between priority population subgroups
- Quality of the analytic plan for examining gender, age, or socioeconomic status differences in intervention effects across priority and reference populations (e.g., black-white differences are modified by socioeconomic status or gender).

Addressing potential limitations and challenges

- Plans for addressing challenges, including recruitment, that might compromise implementation or analyses of equity-related outcomes.

2. Overall, how strong are the proposed study design and methods for identifying equity impact of the intervention being evaluated?

- | | | |
|--|---|-------------------------------------|
| Exceptional <input type="checkbox"/> 1 | Very Good <input type="checkbox"/> 4 | Fair <input type="checkbox"/> 7 |
| Outstanding <input type="checkbox"/> 2 | Good <input type="checkbox"/> 5 | Marginal <input type="checkbox"/> 8 |
| Excellent <input type="checkbox"/> 3 | Satisfactory <input type="checkbox"/> 6 | Poor <input type="checkbox"/> 9 |

Deliverables and Communications Plan

- Plans for providing feedback to and obtaining input from priority population members or stakeholders relevant to health equity outcomes
- Plans for generating deliverables suitable for dissemination and translation by priority population stakeholders.

Project Team

- Inclusion of people with prior experience or expertise related to the equity-focus of the proposed study (e.g., have conducted research with the same or similar population groups; have context expertise relevant to the equity considerations)

3. Overall, rate the appropriateness of the dissemination plan and team composition for achieving the equity-related goals of the study.

- | | | |
|--|---|-------------------------------------|
| Exceptional <input type="checkbox"/> 1 | Very Good <input type="checkbox"/> 4 | Fair <input type="checkbox"/> 7 |
| Outstanding <input type="checkbox"/> 2 | Good <input type="checkbox"/> 5 | Marginal <input type="checkbox"/> 8 |
| Excellent <input type="checkbox"/> 3 | Satisfactory <input type="checkbox"/> 6 | Poor <input type="checkbox"/> 9 |

Overall Assessment

4. Based on your answers to the three summary questions, rate the potential of the proposed study to yield meaningful insights about an important health-equity issue.

- | | | |
|--|---|-------------------------------------|
| Exceptional <input type="checkbox"/> 1 | Very Good <input type="checkbox"/> 4 | Fair <input type="checkbox"/> 7 |
| Outstanding <input type="checkbox"/> 2 | Good <input type="checkbox"/> 5 | Marginal <input type="checkbox"/> 8 |
| Excellent <input type="checkbox"/> 3 | Satisfactory <input type="checkbox"/> 6 | Poor <input type="checkbox"/> 9 |

Health Equity Definitions and Resources

DEFINITIONS

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.¹

Health equity can be viewed both as a process (the process of reducing disparities in health and its determinants) and as an outcome (the ultimate goal: the elimination of social disparities in health and its determinants). Progress toward health equity is assessed by measuring how these disparities change over time. The gaps are closed by special efforts to improve the health of excluded or marginalized groups, not by worsening the health of those who are better off.¹

Health disparities are differences in health (or in key determinants of health) that adversely affect marginalized or excluded groups. Health equity and health disparities are closely related to each other. Health equity is the ethical and human rights principle or value that motivates us to eliminate health disparities; health disparities are differences in health or in the key determinants of health (such as education, safe housing, and freedom from discrimination) that adversely affect marginalized or excluded groups. Disparities in health and in the key determinants of health are how we measure progress toward health equity.¹

Social determinants of health are the conditions in which one lives, learns, works, plays, worships, and ages, and these conditions are shaped by historical and contemporary policies, law, governance, investments, culture, and norms. Addressing the root causes of health inequities, such as the social determinants of health, is important in part to help enable sustainable interventions by engaging multiple sectors and addressing multiple health outcomes simultaneously.²

Social needs are unmet material needs experienced by individuals, such as food and housing insecurity.³

Priority populations for achieving health equity are excluded or marginalized groups with demonstrated disparities, i.e., above-average risk for nutrition and weight-related health problems.⁴ NIH uses the term **health disparity population** and designates the following groups as such:⁵

- American Indians/Alaska Natives
- Asian Americans
- Blacks/African Americans
- Hispanics/Latinos
- Native Hawaiians and other Pacific Islanders
- Sexual and gender minorities
- Socioeconomically disadvantaged populations
- Underserved rural populations

Research with an impact on health equity is designed, implemented, and analyzed with an interest in one or more priority populations and aims to identify or account for factors that influence the reach and effective does of interventions (policies and programs). These factors may relate to characteristics of the intervention (e.g., how it works; what is needed for it to be effective; and how well it is implemented) and population and community characteristics, resources, and capacity for benefitting from the intervention.⁴

- A positive effect on equity means a) absolute improvement in a priority population relative to baseline status in combination with b) improvement relative to a reference group (i.e., a more advantaged population group or segment of the priority population in the same study) or to an external reference point (i.e., effect sizes observed in published studies about reference populations, or secular trends). A positive effect also assumes that the intervention is beneficial overall (does no harm) and is potentially sustainable.
- No effect or a neutral effect on equity means that the intervention effect or benefit is similar in priority populations compared to reference groups or reference points (may improve or worsen, but similarly)
- A negative effect on equity is observed if the intervention benefits the reference population but not priority populations (i.e., disparities widen)

Research that can impact health equity may **focus on a specific priority population or include members of priority populations along with others**. Insights about health equity will come from comparisons of intervention effects or outcomes with the reference group or reference point. The premise underlying this tool is that excellent research proposals from the perspective of an impact health equity will include the following:⁴

- A theoretical rationale or empirical data, or both, to suggest that the intervention to be studied (original research or a natural experiment) is outcome for which the disparity is observed
- An intervention strategy that includes provisions for addressing (or natural experiment that evaluates the presence of) social, economic, or cultural factors that may influence intervention effectiveness in the priority population(s). Provisions to address such factors may facilitate implementation or tailor the intervention to address challenges to accessing, adopting, or benefitting. Evaluation designs for natural experiments may include measurements designed to identify factors potentially associated with differential intervention effects (positive or negative) in priority vs. reference populations in order to explore their roles as mediators of outcomes. Such differential effects may be associated with intervention logic, salience, reach, intensity, feasibility, or side effects (see the list that follows).
 - A priori hypotheses about absolute and relative effect sizes and enough statistical power to test these hypotheses and, if possible, explore potentially important interactions
 - A team that includes expertise in health equity research and representation from the priority population(s) to be involved
 - Provision for meaningful and ongoing engagement with priority population stakeholders (leaders, community organization representatives, residents, or a combination of these)
 - A dissemination plan that includes priority population channels and provision for feedback.

Potential factors that influence the relative effectiveness of policy, systems, and environmental interventions in priority populations:⁴

- **Different logic**– the intervention has a different role or different leverage within the change pathway in the priority compared to the reference population and is, therefore, relatively more or less pivotal in driving the desired population behavior changes in the priority population
- **Differential salience** - the intervention is more or less relevant to the priority population needs and preferences. Cultural adaptations would be in this category, but contextual adaptations are also important.
- **Differential reach** – relatively more or fewer people in the priority population are exposed to the intervention.

- **Differential intensity** – a single intervention may not be strong enough to overcome competition from other, related but opposing features of the social or economic environment.
- **Differential feasibility** – uptake of the intervention is limited or sporadic because of feasibility issues
- **Side effects** – Access to or net benefit of the intervention is altered because of side-effects of the intervention, particularly unfavorable side effects

RESOURCES

[National Library of Medicine](#)

Includes search queries; data, tools, and statistics; health education tools and toolkits; grants, funding and fellowships; legislation and regulations; guidelines, journals, and other publications; key organizations/programs; meeting/conferences/webinars.

[US Department of Health and Human Services Office of Minority Health](#)

Knowledge Center: The Knowledge Center Library contains a collection of more than 60,000 documents, books, journal articles and media related to the health status of racial and ethnic minority populations. The library collection also includes sources of consumer health material in more than 40 languages.

References and additional reading

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