

# Dismantling Systemic Racism and Advancing Health Equity throughout Research

**Kenya Beard, EdD, AGACNP-BC, CNE, ANEF, FAAN**, Chamberlain University; **Iheoma U. Iruka, PhD**, University of North Carolina at Chapel Hill; **Danielle Laraque-Arena, MD**, Columbia University; **Velma McBride Murry, PhD**, Vanderbilt University; **Lourdes J. Rodríguez, DrPH**, University of Texas at Austin; and **Shaneah Taylor, MPH**, Youth Voices Rising

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The Biden Administration—with its *Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government*, which was released on January 20, 2021—created a timely opportunity to dismantle racism throughout and across a variety of government-funded research infrastructures, including health, biomedical, social, and behavioral research, as well as research focused on the social determinants of health (The White House, 2021). In keeping with the intent of the executive order, all structures and institutions that define who, what, where, why, and how research is conceptualized, funded, and conducted must decenter whiteness and ensure that all scholars and communities have access to funding to conduct research that advances health equity. Only then will research in the U.S. achieve its full future potential in discovery, application, and education. To advance progress toward this goal, the authors of this commentary propose three broad areas for urgent action.

## **Bridge the Gap between Knowledge and Action to Eliminate Health Disparities and Inequities**

It is imperative to act now (Lavizzo-Mourey et al., 2021). Actions to dismantle racism in translational research to inform health promotion, preventive interventions, practice and training, public programs, and policies are urgently needed (IOM, 2003; Hall et al., 2015). Just this year, the Centers for Disease Control and Prevention (CDC) declared racism a public health threat (CDC, 2021)—a declaration based on centuries of oppression and decades of research showing links between racism, health, and health disparities. The nation has known about these links and failed to act on this knowledge for far too long. Now, the COVID-19 pandemic, which

disproportionately brought serious illness and death to communities of color, combined with the Black Lives Matter social justice movement, have reignited the long-standing imperative for change.

A White House task force should be charged with eradicating racism in research so that the health and well-being of all Americans may be optimized. In addition to mobilizing leadership around anti-racism at the federal level, the voices and efforts of community members must be uplifted and amplified—particularly those of Black, Indigenous, Pacific Islander, Latine, and Asian people who have a long history of being marginalized, colonized, minoritized, and discriminated against in the U.S. (Hoppe et al., 2019).

## **Value All Ways of Knowing in Research and Research Funding**

Ensuring that research conducted in the U.S. is inclusive of and applicable to all requires its decolonization; it must stop centering White people as the researchers who are most likely to receive funding and as the beneficiaries of the knowledge generated by the research. Black, Indigenous, Pacific Islander, Latine, and Asian scholars apply for federal funding to advance different ways of knowing, identify topics specifically related to the human cost of systemic racism and colonialization, and employ methods that do not center whiteness. Yet, Black scholars, in particular, are less likely to receive funding from the National Institutes of Health (NIH); and Native American scholars are not even included in analyses conducted on who receives NIH funding, because their sample sizes are so small (Ginther et al., 2011). When all ways of knowing affirm the wisdom and lived experiences of Black, Indigenous, Pacific Islander, Latine, and Asian scholars and communities,

the generation of research that can more effectively achieve optimal health and well-being in all communities will increase significantly.

To address this issue, federal research funding should be shifted to and prioritize institutes, centers, and agencies that explicitly address health disparities and inequities, with action-oriented plans to fund Black, Indigenous, Pacific Islander, Latine, and Asian scholars (Hoppe et al., 2019). Additionally, careful attention should be given to identifying and eradicating possible implicit and explicit bias in the scientific review process to ensure that new funding opportunities aimed at advancing health equity will not reinforce existing white supremacy culture principles, as historically well-funded institutions (usually larger, well-known, and employing primarily White principal investigators) are disproportionately recipients of research awards. This is a critical action to disrupt and dismantle the perpetuation of decolonization in health equity research (Lauer, 2020). Thus, funding should be increased for research employing methods that value the myriad ways of knowing and experiencing the world. For example, methodologies that incorporate traditional knowledge and Indigenous science into research programs should be supported. The federal government can effectively dismantle racism in research funding by redirecting research investments to those that promise to reduce human and community costs of systemic racism and colonialization.

### **Incentivize Higher Education to Redefine Access and Advancement**

The U.S. government is responsible for investing in human capital as part of its workforce and knowledge infrastructure. However, academia currently maintains a White superiority perspective and its gatekeepers decide who accesses higher education and advances through the academic research career pipeline. These institutions also influence what is valued in academic discourse and published in academic journals (APA and NMA, 2020).

To change this—to achieve the goal of investing appropriately and equitably in human capital—the U.S. Department of Education should work with states to intentionally and explicitly remove oppressive structures that have plagued higher education and marginalized Black, Indigenous, Pacific Islander, Latine, and Asian populations (Garrison, 2013). While dismantling racist legacies and redefining who can access higher education and what content is considered worthy of scholarly discourse, these efforts will also enable the

U.S. to open new doors to opportunities and maximize human capital investments for all.

By capitalizing on the power of the executive order, the federal government can “right the wrongs” of historical and current policies and practices that create barriers to equitable access to higher education and precious research funding. By investing immediately in Black, Indigenous, Pacific Islander, Latine, and Asian scholars and communities, the U.S. will advance science and its applications to improve the human condition.

### **References**

1. The White House. 2021. *Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government*. Available at: <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/> (accessed November 1, 2021).
2. Lavizzo-Mourey, R. J., R. E. Besser, and D. R. Williams. 2021. Understanding and mitigating health inequities—Past, current, and future directions. *New England Journal of Medicine* 384:1681-1684. <https://doi.org/10.1056/NEJMp2008628>.
3. IOM (Institute of Medicine). 2003. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/12875>.
4. Hall, W. J., M. V. Chapman, K. M. Lee, Y. M. Merino, T. W. Thomas, B. K. Payne, E. Eng, S. H. Day, Y. Coyne, and T. Beasley. 2015. Implicit racial/ethnic bias among health care professionals and its influence on health care outcomes: A systematic review. *American Journal of Public Health* 105(12):e60-e76. <https://doi.org/10.2105/AJPH.2015.302903>.
5. CDC (Centers for Disease Control and Prevention). 2021. *Director's Commentary*. Available at: <https://www.cdc.gov/healthequity/racism-disparities/director-commentary.html> (accessed November 1, 2021).
6. Hoppe, T. A., A. Litovitz, K. A. Williss, R. A. Meseroll, M. J. Perkins, B. I. Hutchins, A. F. Davis, M. S. Lauer, H. A. Valatine, J. A. Anderson, and G. M. Satangelo. 2019. Topic choice contributes to the lower rate of NIH awards to African American/Black Scientists. *Science Advances* 5(10):eaaw7238. <https://doi.org/10.1126/sciadv.aaw7238>.
7. Ginther, D. K., W. T. Schaffer, J. Schnell, B. Masimore, F. Liu, L. L. Haak, and R. Kington. 2011.

Race, ethnicity, and NIH research awards. *Science* 333(6045): 1015-1019. <https://doi.org/10.1126/science.1196783>.

8. Lauer, M. 2020. Institute and Center Award Rates and Funding Disparities. *Extramural Nexus*, August 12. Available at: <https://nexus.od.nih.gov/all/2020/08/12/institute-and-center-award-rates-and-funding-disparities/> (accessed November 1, 2021).
9. American Psychiatric Association and National Medical Association (APA and NMA). 2020. *Joint Statement on Racism in America*. June 12. Available at: <https://www.nmanet.org/news/news.asp?id=513480&hhsearchterms=%22racism+america%22> (accessed December 20, 2021).
10. Garrison, H. 2013. Underrepresentation by race-ethnicity across stages of U.S. science and engineering education. *CBE Life Sciences Education* 12(3):357-36. <https://doi.org/10.1187/cbe.12-12-0207>.

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## Author Information

**Kenya Beard, EdD, AGACNP-BC, CNE, ANEF, FAAN**, is associate provost for social mission at Chamberlain University. **Iheoma U. Iruka, PhD**, is founding director of the Equity Research Action Coalition and research professor in the Department of Public Policy at University of North Carolina at Chapel Hill. **Danielle Laraque-Arena, MD**, is adjunct professor of epidemiology in the School of Public Health, Columbia University. **Velma McBride Murry, PhD**, is Lois Autrey Betts endowed chair and university professor in Departments of Health Policy and Human and Organizational Development at Vanderbilt University. **Lourdes J. Rodríguez, DrPH**, is associate professor and director of community-driven initiatives at the Dell Medical School at the University of Texas School of Public Health. **Shaneah Taylor, MPH**, is Founder, Youth Voices Rising.

## Conflict-of-Interest Disclosures

None to disclose.

## Correspondence

Questions or comments about this manuscript should be directed to Velma McBride Murry at [velma.murry@vumc.org](mailto:velma.murry@vumc.org).

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