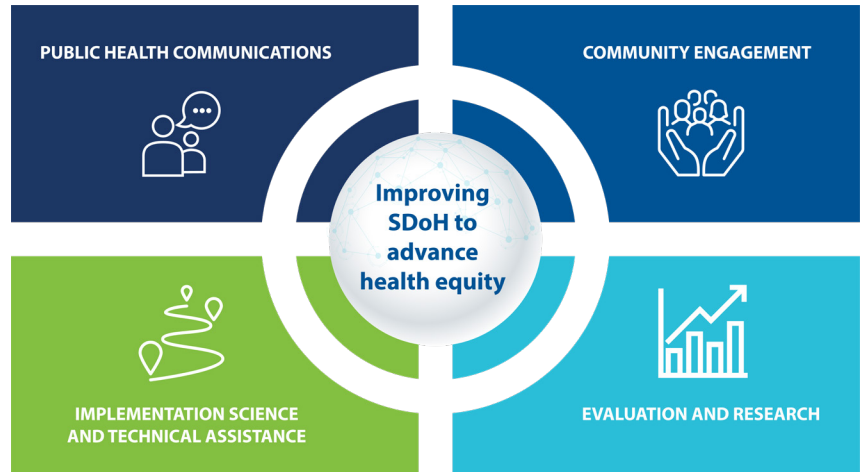


# Solutions for Advancing Health Equity



Every individual should have the opportunity to be as healthy as possible.<sup>1,2</sup> Achieving health equity requires dedicated effort. Structural violence—or the countless ways in which social, economic, and political systems expose particular populations to risks and vulnerabilities—along with racial, ethnic, and socioeconomic health disparities, all must be addressed if we want a fighting chance at achieving this goal.

From chronic diseases to COVID-19, these disparities persist—and inequities in social determinants of health (SDoH) reinforce the stark differences in care.\* RTI International is committed to advancing health equity by improving SDoH through

- **Community engagement** to gain full understanding of the barriers to health that different communities and population groups face and to reach effective solutions that resonate with these communities
- Mixed-methods **evaluation and research** to identify solutions that focus on diverse populations in various settings
- **Implementation science and technical assistance**—including training—to help translate evidence into practice and ensure that interventions reach and benefit populations experiencing inequities
- **Public health communications** to raise awareness of the root causes of health inequities, highlight health equity solutions, and drive demand for these solutions.

## Examples of RTI’s Experience

### Community Engagement: Mobilizing Communities to Understand Barriers to Health and Their Solutions

Strengthening community resilience plays a key role in preventing multiple forms of violence that youths experience. To support the Division of Violence Prevention within the Centers for Disease Control and Prevention’s (CDC’s) National Center for Injury Prevention and Control, RTI is evaluating the Adverse Community Experiences and Resilience (ACE/R) framework for community-level violence prevention. In partnership with the Prevention Institute and the City of Milwaukee Health Department’s Office of Violence Prevention, RTI is informing community organization approaches to (1) test whether the ACE/R framework has reduced rates of child abuse, neglect, and violence that youths face and (2) analyze

the benefits of engaging and mobilizing community members to support violence prevention strategies. RTI is utilizing a hybrid effectiveness-implementation model to increase the likelihood that the project’s intervention strategies will be effective and sustainable in future communities.

### Evaluation and Research: Determining Patterns of Initial and Repeat Mammography Screening

To inform interventions—including health care system changes—and to improve mammography screening rates among African American women, RTI is working with CDC’s Division of Cancer Prevention and Control to assess the feasibility of using medical record abstraction and surveys to

\*SDoH is defined as the conditions in which “people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”<sup>3,4</sup>

determine the average age of patients at the time of an initial mammogram, the pattern of repeat mammograms, and the screening barriers and facilitators for breast cancer survivors. This research is critical for understanding racial disparities and will help identify not only the barriers and factors that affect breast cancer screening, but also the ways to reduce late-stage diagnoses among African American women.

## Evaluation and Research and Implementation Science and Technical Assistance: Reaching Under-Resourced Populations Through Lifestyle Change and Self-Management Education Programs

RTI and CDC's Division of Diabetes Translation collaborated about rapid evaluations to learn how lifestyle changes and self-management education programs can better reach under-resourced populations—particularly African American, Latinx, Hispanic, and African immigrant communities. Our mixed-method evaluation work focused on (1) factors that supported and challenged program implementation; (2) strategies for recruiting, enrolling, and retaining under-resourced participants; and (3) key health outcomes for program participants. The evaluation resulted in a practice-based guide<sup>5</sup> that supports program implementation in real-world settings.

### Featured Scientists



**LaShawn Glasgow, DrPH, MPH**

Director, Community and Workplace Health



**Stephanie Hawkins, PhD**

Institute Lead, Equity, Racial Justice & Transformative Research



**Megan Lewis, PhD**

Senior Fellow, Translational Health Science Division



**Phillip W. Graham, DrPH, MPH**

Senior Director, Center for Behavioral Health Epidemiology, Implementation, and Evaluation Research



**Lauren McCormack, PhD, MSPH**

Division Vice President, Translational Health Science Division



**Darigg Brown, PhD, MPH**

Program Manager, Substance Use Prevention, Evaluation, and Research

## Public Health Communications: Communicating Effectively About Health Disparities

The National Institutes of Health *All of Us* Research Program aims to engage and recruit at least 1 million people from across the country to build the most diverse health databases in history; accelerate health research; inform medical breakthroughs in precision medicine; and advance understanding of genetic, behavioral, and environmental influences that interact to affect health. The program follows a precision medicine approach, which involves developing better treatments and ways to prevent various diseases. RTI serves as an Engagement and Retention Innovator. Our efforts focus on addressing disparities in program activity completion rates among participants who have historically been underrepresented in biomedical research; engaging health care providers with the *All of Us* Research Program; and supporting providers' program-related communications with patients, community members, and participants.

### Contact us today to collaborate on projects supporting health equity for all populations.

Carianne Muse, MPH  
Senior Director, Strategic Accounts  
[cmuse@rti.org](mailto:cmuse@rti.org)

<sup>1</sup> Centers for Disease Control and Prevention. (2021, April 13). Health equity—Office of Minority Health and Health Equity—CDC. <https://www.cdc.gov/healthequity/index.html>

<sup>2</sup> RTI International. (n.d.) About Us. <https://www.rti.org/about-us>

<sup>3</sup> Centers for Disease Control and Prevention. (2021, March 17). Social Determinants of Health—CDC. <https://www.cdc.gov/chronicdisease/programs-impact/sdoh.htm>

<sup>4</sup> Office of Disease Prevention and Health Promotion. (n.d.). Healthy People 2030: Social determinants of health. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

<sup>5</sup> Jacobs, S., Glasgow, L., Amico, P., Farris, K., Rutledge, G., & Smith, B. (2020). Integrating the consolidated framework for implementation research into a culturally responsive evaluation approach: Examples from mixed-methods evaluations of diabetes prevention and management programs reaching underserved populations. *Implementation Science*, 15.

[www.rti.org](http://www.rti.org)

RTI International is an independent, nonprofit research institute dedicated to improving the human condition. Clients rely on us to answer questions that demand an objective and multidisciplinary approach—one that integrates expertise across the social and laboratory sciences, engineering, and international development. We believe in the promise of science, and we are inspired every day to deliver on that promise for the good of people, communities, and businesses around the world. For more information, visit [www.rti.org](http://www.rti.org).

RTI International is a trade name of Research Triangle Institute. RTI and the RTI logo are U.S. registered trademarks of Research Triangle Institute.  
RTI CC 63027443 R1 0821