

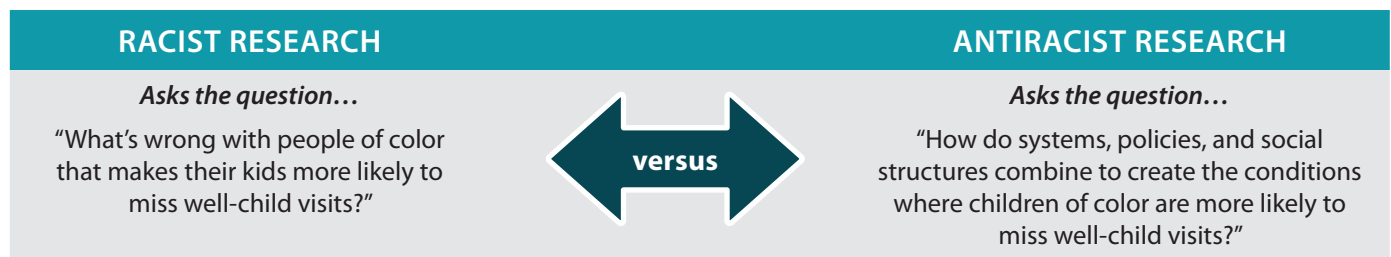
Project Research Principles

An Anti-Racist, Community-Informed Approach

The State Health Access Data Assistance Center (SHADAC) is working on a project to determine the need for a data tool to track indicators of health equity in state Medicaid programs. An overview of the project can be found [here](#).

Anti-Racist Principles

SHADAC is grounding our approach to this exploratory effort in the anti-racist principles of the [Center for Antiracism Research for Health Equity at the University of Minnesota, School of Public Health](#). These principles hold that racism is a fundamental cause for health inequities and that systems, policies, social structures, and historical influences create the conditions for health inequities to exist. Anti-racist research aims to understand and eliminate the root causes of racial health inequities while striving to maintain transparency and accountability. This is done through a collaborative approach to research that emphasizes the perspective of the community in research design and decision-making.^{1,2,3}



Source: Adapted by SHADAC from the Center for Antiracism Research for Health Equity.

We will also use the framework of Public Health Critical Race Methodology⁴ to:

- Clarify our own racial biases
- Consider the impact of structural racism on inequities (rather than attributing effects to race itself)
- Assess race not as a risk factor but to identify a population at risk for racism exposures
- Consider the role of macro-level forces in driving and sustaining inequities across time and contexts
- Keep in mind intersectionality

Terminology: People of Color

We are using the umbrella term “people of color” to emphasize common experiences of systemic racism in the US. We will use more specific language whenever referring to the experiences of particular racial and ethnic groups within this community.

How We Will Engage the Community

This project will engage community members as both key informants and advisory committee members. In this role, community members will frame and inform our discussions around whether and how to create a Medicaid Equity Monitoring Tool and help establish parameters for an environmental scan of existing Medicaid equity data and policies. In addition, they will vet our draft recommendations.

Our approach will leverage best practice principles of community-engaged research.^{5,6,7,8} In particular, we will emphasize:

- Shared goals and values between the research team and the community
- Equitable collaboration that involves the community as a partner
- Recognition of community strengths and knowledge
- Collective benefit for all partners from the research process and outcomes
- Results that are shared in ways that are accessible and useful to all partners

What do we mean by community?

Because Medicaid touches the lives of members of many communities throughout the country, we are defining “community” for the purposes of this project as Medicaid members from historically underrepresented and excluded communities recognizing that these communities may overlap. Groups may include people of color, pregnant women or birthing people, adults or children with mental illness and/or substance use disorders, justice-involved people, and the disability community. Depending on the context, “community” may refer to one or more of these groups at any given time. It is also important to note that the communities incorporated into this project may evolve as we gather information and consider additional groups that have been historically marginalized. *We will be transparent about how and why any changes are made to our definition of community.*

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The Evolving Nature of Community Engagement

The intensity of community engagement in research exists on a continuum, and different levels of involvement are more or less appropriate to different types and stages of research. Since this project is exploratory in nature, we anticipate that the community will play an advisory role rather than the more intensive role seen in, for example, community-based participatory action research. Our approach to community-engaged research in the first phase of the project can be more precisely referred to as “community-informed” research.⁹

It is also important to note that the nature and intensity of community engagement can change over the course of a research initiative, depending on the activities and goals of a given work phase. Accordingly, the type and scope of community engagement in this project may look different as the research moves forward. We will be transparent about how and why any changes are made to the role of the community over the course of this initiative.

References

- ¹ Center for Antiracism Research for Health Equity. (2021). Information Sheet. <https://www.sph.umn.edu/sph-2018/wp-content/uploads/docs/arc/sph-fs-ar-center.pdf>
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- ⁴ Ibid.
- ⁵ McElfish, P.A., et al. (2015). Community-Driven Research Agenda to Reduce Health Disparities. *Clinical and Translational Science*, 8(6), 690-295. <https://doi.org/10.1111/cts.12350>
- ⁶ Hane, A. (2018). *Talking terms: When community engagement and research intersect*. Amherst H. Wilder Foundation. <https://www.wilder.org/articles/talking-terms-when-community-engagement-and-research-intersect>
- ⁷ Community Research Collaborative. (2021). *In it together: Community-based research guidelines for communities and higher education* [Report]. Salt Lake City, Utah: University of Utah. [CRC-Guidelines-May-12-2021.pdf \(netdna-ssl.com\)](https://www.netdna-ssl.com/CRC-Guidelines-May-12-2021.pdf)
- ⁸ Israel, B.A., Schulz, A.J., Parker, E.A., & Becker, A.B. (1998). Review of Community-Based Research: Assessing Partnership Approaches to Improve Public Health. *Annual Review of Public Health*, 19, 173-202. <https://doi.org/10.1146/annurev.publhealth.19.1.173>
- ⁹ McElfish, P.A., et al. (2015). Community-Driven Research Agenda to Reduce Health Disparities. *Clinical and Translational Science*, 8(6), 690-695. <https://doi.org/10.1111/cts.12350>