



### Co-Chairs:

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# Health Equity Core

## Mission

- Develop guidance for ePCTs on how to integrate a health equity lens, including:
  - Considerations for enrollment
  - Strategies for selecting outcomes
  - Tailored research methods that better suit the study population

### Meeting Schedule

Monthly

First Wednesday

# Health Equity Core: Key Resources



- Equitable Language Guide
- Health Equity in Pragmatic Trials Handout
- Workshop on Inclusion of Diverse Participants in Pragmatic Clinical Trials (recording available)
  - <https://rethinkingclinicaltrials.org/news/inclusion/>



## Health Equity in Pragmatic Clinical Trials

The NIH Pragmatic Trials Collaboratory Health Equity Core developed this resource for research teams to help define health equity in the context of pragmatic clinical trials and to provide examples of how to promote health equity in clinical research.

### HEALTH EQUITY DEFINED

Health equity is a principle underlying the continual process that ensures all individuals regardless of their identity, privilege, or circumstances are afforded fair and just opportunities to achieve their optimum level of health and wellbeing. Achieving health equity requires a systematic approach that addresses historical, social, economic, environmental, and political forces.

### WHY DOES THIS WORK?

Realizing the objective of achieving health equity entails continuous and purposeful initiatives to address both historical and contemporary injustices that are pervasive and rooted across systems and systematically benefit certain populations and oppress others. Achieving health equity facilitates a scenario where social, economic, and structural barriers are diminished, new more inclusive systems are created, all populations of people have access to culturally responsive care, and health inequities are abolished.

### Example of challenges to be addressed:

- Structural racism in health, education, banking, and criminal justice.
- Historical prioritization of the perspective and experience of White men in clinical trials.
- The use of race specific laboratory value ranges that are not based on genetic or ancestral reasons (e.g., hemoglobin, mean corpuscular volume, absolute neutrophil count, and iron indices).
- Clinician bias in patient recruitment.
- Social determinants of health influencing participation in clinical trials



## Equitable Language Guide

### Why is Using Equitable Language Important?

The NIH Pragmatic Trials Collaboratory strives to use inclusive language. This guide includes examples of preferred terminology when referring to specific people, groups, and communities. Please note that language around identities is often situational and evolving.

**Best Practice:** If possible, when referencing the identity of a specific person or community, ask how they identify and defer to their preference. Researchers should start by consulting the community they are working with to learn their preferences.

### Current Recommended Terminology

Age

Recommended Terminology	Terms to Avoid
<ul style="list-style-type: none"><li>• Older person</li><li>• Older adults or populations</li></ul>	<ul style="list-style-type: none"><li>• Elderly</li><li>• Seniors</li></ul>

Race and Ethnicity

Recommended Terminology*	Terms to Avoid
<ul style="list-style-type: none"><li>• American Indian or Alaska Native persons/communities/populations</li><li>• Indigenous people</li><li>• Asian persons</li><li>• Black or African American persons</li></ul>	<ul style="list-style-type: none"><li>• Referring to people as their race/ethnicity (ie, Blacks, Hispanics)</li><li>• Native American</li><li>• The [racial/ethnic] community</li><li>• BIPOC</li></ul>



# Health Equity Core: Contributions to Trials



- Consulted with trials to:
  - Offer guidance on ways to ensure enrollment reflects the real-world population
  - Assist with tailoring methods to better suit population subgroups
  - Discuss strategies for community engagement
  - Monthly Core meeting
    - Share challenges and innovations
- Collaborated on publications

Consultation  
in first  
3 months

“Having that variety of people, and people who knew different things, really had an added benefit.”  
—Bev Green, Co-PI of STOP CRC

“There’s a lot of utility for having these kinds of conversations... really helpful in thinking through some of the issues involved.”  
—Lynn Debar, Co-PI of BackInAction