What is ROCChe?

The Research on Care Community (ROCC) is a collaborative effort of researchers and clinical providers engaged together in clinical effectiveness and implementation science to improve quality, safety, health equity and outcomes of their own patient populations.

The ROCC Health Equity Subgroup (ROCChe) is a forum for investigators, clinicians, and other partners to collaborate, share, learn and improve upon the design, conduct and implementation of research that aims to close or minimize disparities in health and health care.

Launched in July 2014, ROCChe will focus on approaches to jump start or enhance health equity research (HER) in clinical environments, and on how to connect this research to other health system efforts. An additional topic of interest is developing strategies to increase resident/fellow education and engagement in clinical initiatives and research that address health care disparities.

About the ROCChe Member Interview Project

How best to support and focus ROCChes has been a topic of discussion for the group’s initial meetings. To inform this conversation AAMC launched the ROCChes member interview project. Over two months, AAMC staff conducted 15-20 minute interviews with 15 of the 32 ROCChes members. Conversations focused on ROCChes members’ current health equity research-related work, institutional support they receive that facilitates this work, any institutional barriers encountered, and ways AAMC and ROCChes can support their health equity research efforts. This report presents our analysis of these interviews.

What types of research activities and methodologies are represented in ROCChes?

The chart below provides a brief overview of ROCChes members’ current health equity research activity. Specific member research activities were categorized into four thematic areas: disease-focused research, health equity research methods, population-specific research, and healthcare-focused initiatives.
What forms of institutional support do ROCChe members receive?

Financial Support

The kinds of financial support received from the institution varied. Some universities and health systems provide salary support to health equity investigators. Other respondents indicated that their institutions had dedicated funds for developing and maintaining health equity research programs and initiatives.

Creation of Programs/Centers That Focus on Health Equity Research

Supported by grant funds and funds from other sources, university administration provide support by creating programs, centers, and institutes which focus solely on health equity, health disparities, or minority health and increase the visibility of health equity research within the local community. Housed within these programs are health equity internal advisory boards/committees, student research training positions, protected faculty time, and educational opportunities for those interested in health equity research.

Fostering Collaboration

Universities foster collaboration by communicating and providing resources about existing health equity research efforts and information about the investigators engaged. Examples of the type of resources provided include a “health equity crosswalk” which links health equity research programs across the institution, research assistance from other areas of the university (e.g. CTSA), and mentorship networks with junior faculty and well-known health equity researchers.

Incorporation of Health Equity Research into Medical Education and Training

The inherent value of health equity research to the education and training of medical students is illustrated by one institution adding a 7th competency domain to ACGME’s 6 with priority given to health equity research. Another medical center, one without a medical school, created positions for residency students to work on health equity related projects.
What barriers do ROCChe members encounter to conducting health equity research?

Limited Health Equity Research Workforce

With the shift toward team-based science, clinicians are seeking collaborations with more diversely skilled research team members. Ideal members of this team would be health equity investigators and methodologists, though few exist.

Lack of Time and Financial Support

Many of the respondents share concerns pertaining to lack of time and financial support to conduct health equity research. One area discussed was the competing priorities of whether to use time to conduct quality improvement projects or other types of health equity research. Due to shorter timeframes and limited financial support, researchers often elect to conduct quality improvement research projects. In addition, clinicians have a small amount of protected time to conduct and write grants for health equity research projects.

Community-based Research Barriers

Building trust with members from underserved communities when historically the relationship between the university and community is fragmented is seen as significant barrier to recruitment. Another participant sought additional strategies on how to communicate effectively with community-based partners.

Lack of Collaboration

Though some participants indicated collaboration was part of the support received from their respective institutions, others discussed the inadequacy of their universities’ efforts to connect individuals interested in health equity research. For geographic areas with more than one medical school, many of the investigators are “competing” in the same community for research participants. These duplicative efforts cause strain on the community partners and their resources. Additionally, siloed research efforts raise the concern of wasting valuable resources. One respondent discussed how there were 4 or 5 different disparity and dissemination programs at his hospital and medical school and the resources were not shared between any of the programs. Furthermore, there is often
little communication and knowledge about the other researchers’ work, even intradepartmental work with a health equity focus.

The Culture of Medical Research and Demonstrating the Value of Health Equity Research

The culture of medical research was discussed as one that measures health equity research on a different scale than other research areas. The evidence of an effective health equity research program is a change in health outcomes. Many respondents voiced how they would like to see the culture of medical research change to one which appreciates and understands the importance health equity research in clinical practice. However, there is great difficulty demonstrating the value of health equity research via cost-effective analyses. In addition to the inaccessibility of cost data, health equity researchers lack sufficient training to conduct such analyses.

AAMC and ROCChe Moving Forward

Engaging the members of the ROCChe subgroup is part of the mission to improve the design, conduct, and implementation of research aimed to minimize/reduce disparities in health and health care. The participants in the ROCChe member interview project identified ways in which AAMC and ROCC could support their health equity research efforts moving forward.

AAMC is committed to providing investigator awards focused on health equity research (e.g. Learning Health System Awards), to highlighting innovative work in this area via AAMC’s health equity research webpages, and to creating a network and environment for collaboration and learning among interested health equity investigators.

Next Steps

Building upon the information learned from the Member Interview Project, ROCChe members suggested five areas in which the group could make an impact. Those areas are:

1. Supporting cost-effectiveness analyses of health equity research to facilitate scale and spread of evidence-based community health improvement projects
2. Defining “population health” in a way that facilitates its use as an organizing principle for an institution’s health equity-focused work
3. Developing guidelines for GME curricula that focus on healthcare disparities and related quality improvement strategies to identify and address inequities (per ACGME’s CLER visits)
4. Identifying and disseminating effective merit and promotion guidelines that take community-engaged science and scholarship into account
5. Developing a set of Electronic Health Record specifications that, if enacted, would facilitate the conduct of health equity research

ROCChe members will select one or more of these areas and collaboratively develop goals, strategies and pilot programs with the potential of addressing and surmounting the barriers associated with these 5 topics.