APPLYING AN EQUITY LENS TO RESEARCH AND ANALYSIS

INFANT MORTALITY
Addressing disparities to save young lives.

POLICING IN AMERICA
A generational opportunity to reimagine law enforcement.
### Core Principles of Public Health Emergency Preparedness

In March 2021, Christopher Nelson, a senior political scientist at RAND and professor of public policy at the Pardee RAND Graduate School, presented testimony before the Florida House Pandemics and Public Emergencies Committee.

MORE AT www.rand.org/t/CTA1272-1

### Violent Extremism in America

Terrorism and ideologically inspired violence are persistent, serious threats to U.S. national security. The January 6 attack at the U.S. Capitol and other recent events highlight the need for more research to inform prevention and deradicalization strategies. For this report, interviews were conducted with former extremists and their family members, representing 32 unique stories of 24 White supremacists and eight Islamic extremists.

MORE AT www.rand.org/t/RRA1071-1

### Inpatient Hospitalizations for Firearm Injury

Deaths caused by firearms are tracked at the state level, but there are questions about whether nonfatal firearm injuries follow similar longitudinal trends as firearm deaths and whether policies affect deaths and injuries in the same manner. As part of the Gun Policy in America initiative, RAND researchers developed a publicly available database of state-level estimates of inpatient hospitalizations that occur as a result of firearm injury.

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### Infrastructure and the Environment

Policymakers should view infrastructure investments as not simply hardware fixes and upgrades, but as efforts to close the gap between what our critical services can do and what we need them to do. When it comes to climate change, there is a growing gap between the two—and inaction allows the gap to grow, threatening our ability to respond.

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### The Need for Space Norms

Senior political scientist Stephen Flanagan discusses the increasing level of space activity and the need for space norms to provide guidance for how nations should conduct space operations. The need for space norms, Flanagan explains, is often likened to the maritime domain where rules of the road on the high seas ensured safety and free passage of maritime vessels across different parts of the world.

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MORE AT www.rand.org/v210420
Reducing Disparities in Infant Mortality
A big-data approach to help babies at risk

Commentary
Working to create best-practice policing in a post-Floyd era

Research Briefly
Mobility for all, and more

Research Through an Equity Lens
Developing inclusive and equitable policy solutions

Giving The RAND Legacy Society

At RANDom
Veteran mental health: the opera

On the cover: A boy in the Hillcrest section of Corpus Christi, Texas, at the fence line of a refinery in August 2007. Many children in this neighborhood have suffered from asthma or other breathing problems.
Driverless Cars and the Elderly

Driverless cars could be a “boon for the aged,” the headlines have promised—“game changers for the elderly.” “For them,” The Washington Post offered a few years ago, “a future when vehicles drive themselves promises unprecedented freedom.”

Maybe not.

In fact, fully automated vehicles could isolate the very seniors who need the most help getting around. Researchers working with the AARP Public Policy Institute warned that automobile manufacturers and policymakers alike need to better consider what the future of mobility will look like for the least mobile.

Visions of that future imagine driverless cars as robotic rideshares—just order one up when you’re ready to go. But that won’t work for someone who doesn’t have a smartphone, doesn’t have the right apps, or doesn’t know how to make an online payment. And more than 10 million American seniors live in rural areas without WiFi access.

Driverless cars may provide curb-to-curb service—but for older adults or those with disabilities, that won’t get them to the door. The cars themselves, sleek and modern, might be hard to get into and out of, with no room for an electric wheelchair, and no driver who could help stow a foldable wheelchair or walker. And as they become the taxi of choice, they could undercut public transportation services like shuttle buses that seniors often rely on.

Driverless cars could be a boon for older adults, the researchers concluded, but that’s not the road we’re on right now. The industry and its regulators need to ensure that future cars will be safe and accessible for all. Otherwise, the researchers warned, potentially millions of older Americans will be left behind.

MORE AT
www.rand.org/t/EP68521
Health Equity Summary Scores Could Improve Care to At-Risk Populations

American health care pays close attention to the needs of an “average” patient. Hospital reports and improvement plans, for example, often focus on the care that average patient receives. That can obscure the specific needs of Asian, Black, Hispanic, and low-income patients, who often have worse experiences and worse outcomes.

Researchers developed a rating system to better measure the quality of care those patients receive. It could help providers see where and how they need to improve to better serve patients whose social or economic circumstances put them at higher risk of health problems. The Centers for Medicare and Medicaid Services sponsored the project.

The researchers used information from two existing databases. One records medical services a patient receives, such as cancer screenings or body-mass assessments. The other records patient experiences with their care, such as how well doctors communicated with them or how easy it was to get an appointment. Both collect detailed information about patient demographics and economic status.

To show how the rating system could work, the researchers ran the numbers on hundreds of Medicare Advantage health plans from 2015 and 2016. They awarded stars for both the quality of care that underserved enrollees received, and for improvements in that care. Most of the plans received a combined score of three or four stars, on a five-star scale. The highest-scoring plans tended to be larger and to enroll more Black and Hispanic patients.

Health care organizations could use the same star ratings to look at other at-risk groups as well, such as those with disabilities. Measuring how well those organizations meet the specific needs of specific patient groups could give them more incentive to improve, the researchers wrote—and would encourage them to look beyond the average patient.

Racial and Ethnic Disparities in Access to Buprenorphine Distribution

A drug called buprenorphine has become a frontline treatment of choice as America struggles to bring its opioid crisis under control. But RAND researchers found that its distribution has consistently favored areas where more White people live.

Buprenorphine can blunt the symptoms of opioid withdrawal and help people get their lives back—like methadone, but without the clinic visits. The Biden administration has promised to make it easier for doctors and other health care practitioners to prescribe it. RAND’s analysis suggests it will take more than that to ensure everyone who needs it can get it.

Researchers looked at how the use of buprenorphine changed between 2007 and 2017. They found that distribution increased across the board, especially after the Affordable Care Act expanded coverage of buprenorphine under Medicaid.

But at every point in that time frame, the distribution rate was higher in areas with higher percentages of White residents. By 2017, the rate was between two and three times higher in those areas than in areas with the smallest percentages of White residents.

The fatal overdose rate was higher in areas with higher percentages of White residents as well—but not enough to explain the difference in distribution rates. The researchers also found greater distribution gains in those areas when the overall number of doctors authorized to prescribe buprenorphine increased.

The findings likely reflect broader challenges with access to health care in communities of color. One-size-fits-all policy interventions—like expanding the number of doctors who can prescribe buprenorphine—won’t be enough to eliminate those disparities. More focused interventions might, such as reducing Medicaid barriers to treatment, increasing access to low-cost treatment centers, and improving outreach in underserved areas. That could give more people with opioid-use disorders a chance at recovery.
The guilty verdict in the Derek Chauvin trial was delivered in April 2021. While some celebrate that the justice system actually worked and believe that their voices demanding justice were heard, others aren’t so sure and see it as a confirmation that all cops are bad. Others are saddened at the loss of life and aren’t sure the media or the police have told them the full story.

No matter what has happened, police professionals want to consider that the protests and crimes committed in the past year are not something to “get through.” They are a bellwether of the future unless and until the police act in different ways and work with the people they serve to create public trust.
Calls to reform, reimagine, or disband the police can be seen as existential threats, but present opportunities for progressive change that can work to the advantage of law enforcement.
Lessons from the Floyd case

Three things regarding the outcomes of the Chauvin trial and its verdict should be kept in mind for those who will be doing the actual work to create best-practice policing for the future:

1. Chauvin’s actions, although beyond the scope of his training, can’t be dismissed as an act of a “rogue cop.” An easy conclusion could be that training protocols are already in place and that the use of excessive force was dealt with by the department and justice system. A closer examination of the case reveals a number of issues agencies should confront to respond to expectations that similar events would not occur in their communities.

2. An indictment of all of law enforcement as a result of this incident is an oversimplification of a set of complex social issues, one of which is law enforcement. Poverty, joblessness, and lack of access to health care underlie the dysfunction of many communities and contribute to the disorder seen on a daily basis that leads to the presence of the police.

3. The protests, riots, looting, and acts of lawlessness need not suggest hopelessness about the future but have created the energy and dissatisfaction with the present condition that is necessary for any change of significance. It is, in short, a generational opportunity to improve public safety.

From a police perspective, the actions (and inaction) in the Chauvin case could prompt deliberation on three things:

1. The use of force, especially arrest and control and weaponless defense skills. The inability of officers to control combative subjects has been seen in a number of videos where higher levels of force were employed as arrest and control efforts fail. In addition to de-escalation training, skills to effectively escalate from voice to hands-on control with a minimum of risk for all involved should be taught to automaticity.

2. The duty to intervene with another officer to protect lives—both the subjects under officers’ control and officers themselves. Other officers present appeared to have had ample time to prevent Chauvin from killing George Floyd, but none did. Their inaction, along with Chauvin’s sustained position with his knee on Floyd’s back and neck, helped create the tragedy we all witnessed.

Calls to reform, reimagine, or disband the police can be seen as existential threats, but present opportunities for progressive change that can work to the advantage of law enforcement. The police themselves largely agree that problems related to mental health, homelessness, and domestic conflict are better handled by professionals trained in those areas. Even as those shifts in responsibility happen, the police should guard against irrelevance in the public’s eyes and recognize they have an opportunity to exercise leadership to help create a future in which they themselves may not be the beneficiaries.

To that end, there are lessons that can be learned from the case itself and from the broader public sentiments about policing nationally.
3. Cops are already trained to intervene when they become aware of the unlawful acts of another officer, but it should be culturally reinforced to the point that it is a skill that is ready for use whenever necessary. The reality of peer intervention is one whose difficulty could be underestimated. Peer conformance works against doing the right thing in evolving and dangerous circumstances, although that difficulty should not dissuade agencies from working to address it.

The police and their community—what now?

No matter how well a police agency performs to suppress crime and maintain order, unless that agency has the confidence of the people it serves, its performance is meaningless. Public confidence is built one contact at a time, and by every member of police staff.

An April 2021 Quinnipiac poll of public sentiments about the police shows that 55 percent of people approve of the way the police are doing their job, while 34 percent disapprove (down from a 60 percent approval rate in 2016). But 63 percent of Black Americans disapprove of the way the police are doing their job, while, conversely, 65 percent of White Americans approve. Hispanic Americans are almost evenly split, with a 46 percent approval. Interestingly, when asked about the police in their communities, nearly three-quarters approve of the way their own police force is doing its job. Three lessons can be learned from those numbers:

1. Confidence in the police has dropped, and a 34 percent disapproval rate is unacceptably high. The absence of substantial commentary by police leaders about why and how funds are spent on public safety, and the reality of daily challenges to investigate crime and bring offenders to justice, allows others to frame the narrative in other ways. The absence of substantial commentary by police leaders about why and how funds are spent on public safety allows others to frame the narrative in other ways.

2. There is a sharp divide in confidence in the police along racial and ethnic lines. This indicates the need to develop approaches to collaboration and cooperation that could be markedly different with different constituencies in more diverse communities, and that a “one-size-fits-all” approach to police work will be insufficient to meet the needs of those we serve.

3. People’s approval of local police has dropped from 81 percent in 2016 to 73 percent today. This is significant but also indicates that support at the local level may be much stronger for the police than it is for law enforcement in general. This may mean local support is a foundation from which to sustain or regain support; however, the 8 percent decline in five years also indicates work remains to be done even for those who traditionally approve of their police.

It is critical to remember that many people don’t really want the police—they do, however, want to be safe. The police have been the best way thus far to fulfill the promise of safety, but the recurring instances of police misconduct and use of excessive force, especially against Black males, has eroded public confidence to a point where “business as usual” is no longer enough.

Conclusion

In times of great uncertainty, those who can create a compelling vision of the future, and a narrative to describe it to others, may have a decisive advantage to create the futures they see. If law enforcement leaders sit back and allow others to frame that narrative, policing will change—but not in ways they may want. Unless police professionals come to terms with the opportunity to alter the equations of the present in ways they know would serve public safety best, well-intentioned but often ill-informed others may do it for them.

It is comforting to some in the short term to just “circle the wagons” and hope for the best. Doing that, however, could be a path to failure in the basic responsibilities of police—to keep people safe, to identify and arrest those responsible for crime, and to maintain or restore order so people can live their lives without fear.
A FOCUS ON THE RESEARCH OF Dana Schultz, Susan L. Lovejoy, and Evan D. Peet
Interventions to Address Disparities in Infant Mortality Rates

By Doug Irving, Staff Writer

AND economist Evan Peet had spent his career working to improve infant and child health in developing nations around the world. He was stunned when he saw the numbers coming out of Pittsburgh.

Black babies in the city’s most marginalized neighborhoods were dying at rates similar to those he had seen in Nicaragua and the Philippines. It was a local tragedy that spoke to a national failure. Babies in America—and especially Black babies in America—die before their first birthday at some of the highest rates in the developed world.

Peet and other researchers in Pittsburgh set out to do something that had never been done before. They linked birth-certificate information from tens of thousands of babies with electronic health records, social service registries, and neighborhood data points such as poverty rates and air-quality readings. Their goal was to account for every risk factor facing every newborn baby—and to identify the services and supports that would give that baby the best chance to thrive.

“You read about initiatives all over the world to reduce infant mortality by teaching parents about safe sleep or providing them with baby products,” said Peet, a health economist who helped lead RAND’s team. “Those may be helpful in some instances, but they’re not going to address what’s really driving these numbers. For that, we need to look at racism, poverty, these systemic disparities in health and health care.”
The toll of stress

Alysia Davis knew the numbers as well as anyone. She had worked for years with Pittsburgh mothers and mothers-to-be as a public health specialist focused on maternal and child health. But when she and her husband began talking about starting a family, she hesitated.

“The medical system here is one of the best in the country, but I knew that, just by being a Black woman, I’d face challenges,” she said. “The accumulated stress of negative interactions—that takes a huge toll on your body. I know there are people who have master’s degrees, who have access to health care, who have access to fresh fruits and vegetables, who still had their babies die prematurely. I really had to think about that.”

The Pittsburgh area has more health care practitioners than San Diego, a city with a million more residents. Yet for every 1,000 live births there, three or four White babies, and 15 Black babies, die before they turn 1.

The numbers nationally are not as stark, but they tell the same story. Black babies are more than twice as likely to die in their first year as White babies. The causes are the same: birth defects, pregnancy complications, premature births, low birth weight. But the known risk factors underlying those causes—maternal health problems, living conditions, stress—increase in step with structural social and economic issues, such as racism and poverty.

The Richard King Mellon Foundation, dedicated to raising up southwestern Pennsylvania and its people, had seen years of well-meaning efforts fail to move the infant mortality rate. It brought together researchers from RAND, Stanford, the Magee-Womens Research Institute, and Children’s Hospital of Philadelphia, and gave them the funding to attack the problem at its roots.

“It was clear to us,” Foundation director Sam Reiman said, “that if we were to be serious about reducing infant mortality—in the Black community particularly, where rates are so high, but also for every mother, child, and family who suffers this tragedy—it was not going to be an easy solution.”

Patterns in the data

In fact, it took the researchers more than a year to gather the data they would need and develop the computing power to analyze them. They linked electronic hospital records with county social service records, layered in census maps, crime reports, even neighborhood information from Zillow. When they were finished, they had thousands of data
points on more than 150,000 births in Pittsburgh’s Allegheny County between 2003 and 2013. They didn’t have names or other identifying information; only the computers knew who was whom. But they could tell how many mothers had diabetes or depression, lived below the poverty line, or smoked while they were pregnant. They could divide the data by racial demographics, maternal income or education, birth weight, neighborhood characteristics, or pollution levels. That level of detail allowed them to predict an individual risk score for every mother and child, on a scale of 1 to 100. They could also see what services or supports each mother would most likely use, and whether they would make a difference in her child’s survival.

So, for example: A 40-year-old mother with no social security number and a history of pre-term births, now in her third pregnancy. Based on those and other risk factors, the models would put her risk as high as 95 percent. They would recommend she start preconception care, such as exams and genetic testing, as soon as possible, and would predict she is 72 percent likely to do so. That care would reduce her risk to a more manageable 52 percent.

A few clear patterns emerged as the researchers looked at the data. They found almost no overlap between women who relied on medical care, like regular prenatal checkups, and women who relied more on home-based or community care, like Healthy Start. That pointed to a wide-open opportunity for hospitals and social service organizations to coordinate their care, to make sure women get the best of both.

The data also showed that nearly half of all infant deaths occurred in the first 24 hours after birth. Safe sleep practices would not have helped them. The time to save those babies was in the months, or even years, before they were born, when the risk factors that would prove fatal to them were first accumulating. “When a woman is in her last trimester, yes, get her prenatal care and do what you can,” said Dana Schultz, a senior policy researcher who co-led RAND’s part of the project. “But you really needed to be doing something in the five years before she got pregnant.”

**Novel interventions**

Pittsburgh-area hospitals have started to provide nurses with lists of risk factors and effective interventions—both medical and nonmedical—based on the project’s data. They’re working on a computer dashboard that would put the risk scores and recommendations at a doctor’s fingertips. When it goes live, doctors will be able to log in, answer a few questions about a patient, get her estimated risk score, and know what services are most likely to help her and her baby.

With enough time, funding, and data, the same approach could be used in any city or state. It also could be adapted to identify people at risk of developing other health problems, such as cardiovascular disease or diabetes. “That individual-level data, linking mothers and infants across all these different databases, that’s completely novel,” RAND’s Peet said. “It’s a huge lift. But the earlier you can identify someone at risk, the earlier you can get them the services they need, and the more lives you can save. Every single intervention we looked at was more effective the earlier it started. Every single one.”

Alysia Davis didn’t take any chances when she and her husband finally did decide to start their family in Pittsburgh. She worked with a doula, a Lamaze coach; she went to every doctor appointment, asked every question. She shut off her Facebook feed and turned off the news, worried that any extra stress would write itself into the very cells of her unborn baby. Her daughter was born, healthy and strong, on her due date in January. They named her Imani—“Faith” in Swahili. But Davis still watches her sleep and worries about those one-year statistics. “It’s definitely on my mind,” she said. “We’re going to have a big celebration when she reaches her first birthday.”

48% of all infant deaths occurred in the first 24 hours after birth.
Black Americans are much more likely than White Americans to live near freeways, factories, and other heavy air polluters. That’s not a failure of public policy; it’s a result of it.

Even long after openly racist policies like neighborhood redlining were struck down or scratched out, the disparities they set in motion continue to shape American life with clockwork precision. RAND is by no means the first research organization to recognize that serving the public good requires tackling the factors that contribute to those disparities head-on.

That has become an explicit focus at RAND—not just identifying disparities, but breaking them down and taking apart the mechanisms on which they run.

“We’re on a journey,” said Anita Chandra, vice president and director of RAND Social and Economic Well-Being. “We’re trying to meet the moment, but we’re also trying to meet the momentum.”

She sees a historic opportunity for research organizations like RAND to bring together policymakers, charitable foundations, and local communities around issues of racial equity and justice. “It’s time for us all to take a leap forward,” she said.

Several current research projects provide a look at what RAND hopes to add to the national conversation. Funded by gifts from RAND supporters, these projects focus on issues ranging from mass incarceration to anti-Asian violence to the toxic legacy of those old red lines.
Environmental racism

Jaime Madrigano once analyzed who was most likely to die in New York City during sweltering summer heat waves. Benjamin Preston has investigated who is most likely to live near factories, freeways, and other heavy polluters. Not surprisingly, their answers were the same: low-income people of color.

“We see that over and over and over again,” said Madrigano, a policy researcher at RAND. “It’s useful to some extent, but we really need to understand, and show, what exactly is driving that. Many studies don’t go that deep.”

She and Preston are leading an effort to map pollution sources and climate hazards against those real estate red lines that once limited where Black Americans and other people of color could buy homes. Similar studies have been done before, but never on a national scale across such a broad range of environmental hazards. When they are finished, policymakers will be able to see, census tract by census tract, how racism—not just race—still determines who breathes dirty air or drinks dirty water.

The people in those communities will be able to see that, too—and they’ll now have the data to push for change.

“We don’t just have to talk about the disparities. We can look at the more institutional factors—fundamentally, racism—as the ultimate drivers of these patterns that we see today,” said Preston, a senior policy researcher and director of RAND’s Community Health and Environmental Policy program.

“The tricky part,” he added, “is that we’re trying to uncover the root causes—which is great, let’s get to the heart of the problem—but it’s like a tree. You can cut the branches, but when it comes to pulling up the stump, it’s really astonishingly hard.”

Our project is a first step at connecting environmental burdens and injustice of today to the discriminatory and racist systems and practices of the past. By putting that data in front of a broad range of stakeholders, we can start to change the conversation from one about differential impacts by race to one about differential impacts because of systemic racism. And relatedly, we can start to think about solutions that target those systemic drivers.”

JAIME MADRIGANO
Promoting positive outcomes for incarcerated parents and their children

Monica Williams came to RAND with a background in criminology and a special interest in how prisons can rehabilitate people, not just punish them. That alone is an equity question: Black Americans are nearly six times more likely than White Americans to spend time in a federal or state prison. Hispanic Americans are three times more likely.

Williams is now part of a project at RAND, led by Dionne Barnes-Proby, looking at a significant but often overlooked subset of prisoners: parents. “They’re in prison, so society writes them off,” she said. Providing more parenting support “is one way we can mitigate the impacts of mass incarceration through the way we treat prisoners.”

Barnes-Proby, Williams, and colleague Celia J. Gomez hope to survey every state prison system in America about what programs they provide for parents, such as parenting classes or enhanced visitation. For now, they’re starting with a pilot survey of five states with moderate to high rates of incarcerated parents and Black-White disparity in incarceration: Montana, Kentucky, Iowa, Indiana, and Vermont.

No other studies have explored the details of what programs are available for incarcerated parents on a national scale. But that information is vital to improving the quality of those programs—and improving the outcomes of children whose parents need them.

“This isn’t just ‘Let’s understand what programs are out there,’” said Barnes-Proby, a social policy researcher at RAND who is co-leading the study. “This is also understanding how they are trying to mitigate the negative effects of policy on people of color. It’s encouraging that we are now, explicitly, being attentive to really focusing on applying that kind of racial equity lens to the work that we do.”

Our project is a step toward addressing the consequences of existing inequities in the criminal justice system. Mass incarceration disproportionately affects people of color, and thus has negative impacts on the well-being of parents and children from communities of color. Programs for incarcerated parents have the potential to promote equitable outcomes and provide resources so that families can stay connected and maintain relationships even while involved with the justice system.”

CELIA J. GOMEZ

Celia J. Gomez, codirector of RAND’s Center for Qualitative and Mixed Methods, is a scholar of applied human development, with experience as both a researcher and a practitioner in multiple early-childhood education settings. Her work focuses on the development, implementation, and evaluation of interventions and public policies that promote the well-being of children, youth, and their families.

Dionne Barnes-Proby, a social policy researcher, professor at the Pardee RAND Graduate School, and former foster care social worker, aims to improve the lives and well-being of children, youth, families, and communities. Her studies have examined policing, juvenile justice, the foster care system, and workforce development and educational programs for people with criminal records. She co-leads RAND’s strategy group on system-involved youth, and recently co-led multiple projects to understand and address root causes of public safety concerns in underserved communities across the U.S.
The compound effect of racism and bias

James Anderson worked for more than a decade as a federal public defender, representing people sentenced to death. Now a senior behavioral scientist at RAND, he wanted to find a way to show the destructive impact that racism had on many of his clients’ lives.

He found his answer on a banking website.

Potential homebuyers sometimes use online calculators to see how small amounts of interest can compound, month after month, into massive amounts of debt. Anderson and his colleagues—Heather Gomez-Bendaña, Rachel Perera, Heather McCracken, Alyson Youngblood, and Maria Gardner—realized that a similar process could illustrate how small disparities in education, income, and wealth compound over time to create vast differences in lives.

Their tool is based on a growing body of research seeking to quantify how racism and bias contribute to everything from education inequities to the Black-White wealth gap. Given two otherwise-similar people, it will show how small amounts of bias generate ever-increasing disparities over time.

“People who are skeptical of the effect of systemic racism might think, ‘Okay, maybe there’s a little racism, but it doesn’t make that much of a difference,” said Anderson, who directs the RAND Institute for Civil Justice. “The goal of our tool is to show that even if you think racism only makes a small difference in a person’s opportunities in any given year, that’s all you need to produce these huge differences that the research shows over the course of a lifetime.”

Advancing Health Equity: A Culture of Health

Since 2013, the Robert Wood Johnson Foundation has led a pioneering effort to advance a culture of health that enables all people in a diverse society to lead healthier lives over generations. Since that time, the Foundation and RAND have developed an action framework and associated national measures to track progress toward a culture of health and have supported other efforts to understand how people and whole communities in the United States think about, value, and prioritize issues of health, well-being, and health equity.

The publications below are examples of recently completed RAND research projects supported by the Robert Wood Johnson Foundation as part of this initiative.

Creating a Culture of Health and Advancing Health Equity

Drivers of Differential Views of Health Equity in the U.S.: Is the U.S. Ready to Make Progress? Results from the 2018 National Survey of Health Attitudes (2021). This study uses data from a nationally representative sample of American adults to examine the factors that people think drive health outcomes and their beliefs about the importance of health equity.

www.rand.org/t/EP68463

Can Measures Change the World? (2018). Our ability to track and report is accelerating, resulting in a proliferation of measures. It’s time to focus more effort on understanding how those measures can be used to change complex social systems.

www.rand.org/t/EP68250

Understanding American Health Mindset and Expectations

Américans’ View of the Impact of COVID-19: Perspectives on Racial Impacts and Equity (2021). The COVID-19 pandemic has had a disparate effect on African Americans and Latinx groups. But it is unknown how aware the public is of these differences, and how the pandemic has changed perceptions of equity and access to health care.

www.rand.org/t/EP68585

COVID-19 and the Experiences of Populations at Greater Risk: Description and Top-Line Summary Data — Wave 1, Summer 2020; Wave 2, Fall 2020; Wave 3, Winter 2021. These reports present the results of surveys on how Americans’ health views and values have been affected by the COVID-19 pandemic, with a focus on populations deemed vulnerable or underserved.

www.rand.org/t/RR8764-1
www.rand.org/t/RR8764-2
www.rand.org/t/RR8764-3

Engaging for Health

Examining Civic Engagement Links to Health: Findings from the Literature and Implications for a Culture of Health (2019). This report summarizes a structured review to understand what the current scientific literature indicates about whether health is a cause of civic engagement, a consequence of it, or both.

www.rand.org/t/RR3163

Factors Related to Health Civic Engagement: Results from the 2018 National Survey of Health Attitudes to Understand Progress Towards a Culture of Health (2020). Health civic engagement may help improve conditions that influence health and well-being for all. Focusing on individuals’ sense of community and highlighting investments in community health may be associated with increased health civic engagement and improved community and population health.

www.rand.org/t/EP68225

Activating Social Change for Well-Being

“How Well-Being Relates to Resilience and Other Frameworks for Social Change” (2020). This book chapter is included in Well-Being: Expanding the Definition of Progress, part of the Robert Wood Johnson Foundation Culture of Health Series. The book is a combination of scientific papers, case studies from the field, and excerpts from a lively, multidisciplinary discussion which intentionally connects issues of measurement to the imperative for action.

www.rand.org/t/EP68318

For more, visit www.rand.org/culture-of-health
“Applying an equity lens to research means taking a step back to be honest about the limitations of our work—in terms of who it does and does not represent—and continually trying to bring new voices forward. It’s about creating opportunities for these voices to contribute and understanding that even when we use terms intended to emphasize diversity, these groups are not monoliths, and have incredible intragroup diversity that needs to be acknowledged.”

PEGGY CHEN

Anti-Asian racism

Jennifer Bouey warned in March 2020 that an epidemic of discrimination would soon follow the pandemic then shutting down societies around the world. In the year that followed, anti-Asian hate crimes increased by nearly 150 percent in major American cities.

Bouey, a senior policy researcher, teamed up with associate behavioral and social scientist Lu Dong to examine how Asian American and Pacific Islander communities are responding. They see it as a first step toward building partnerships with communities that have too often been lumped together and swept aside.

“Immigrant communities, especially, often have no voice at the national level,” Dong said. “They’re invisible, and that plays into the ‘model minority’ myth, that Asian Americans just do their work and don’t complain. Through this kind of community-based, participatory research, we can help communities build capacity and develop evidence they can use.”

She, Bouey, and research partners Peggy Chen and Douglas Yeung are interviewing community leaders, business owners, and government officials. Their immediate goal is to identify strategies that could help combat anti-Asian hate and violence. But they’re also trying to identify how research could better meet the economic, health, and social needs of Asian and Pacific Islander communities. Filipino Americans have especially high mortality rates from COVID-19, for example, but there’s not enough data to explain why.

“RAND’s philanthropic funding allows us to step back and say, What are the real questions we want to answer?” said Bouey, who holds the Tang Chair in China Policy Studies. “That has led RAND to investigate gun policy and the phenomenon of ‘truth decay’ in American public life, areas where there’s historically been little client funding to support original research. I see this as one of those same opportunities.”
Foundation-Supported Research During the Pandemic

The COVID-19 pandemic caused widespread illness and death, economic devastation, day-to-day challenges, and long-term uncertainty. As schools closed and struggled with reopening, inequities in academic outcomes widened, which will likely have negative consequences for years to come. Recent RAND publications made possible by foundation support provide insights on the effects of this monumental crisis—and can help determine better ways forward.

**Rockefeller Foundation**

COVID-19 Testing in K–12 Schools: Insights from Early Adopters (2021). This report describes approaches that early adopters of COVID-19 testing in K–12 schools were using as of December 2020, highlighting key facilitators that made testing feasible, acceptable, and effective in these schools.

[www.rand.org/t/RRA1103-1](http://www.rand.org/t/RRA1103-1)

**Bill & Melinda Gates Foundation**

Urban and Rural Districts Showed a Strong Divide During the COVID-19 Pandemic: Results from the Second American School District Panel Survey (2021). Researchers analyze the extent of the divisions in public education during the 2020–2021 school year, from the mode of delivery to the length of the school day.

[www.rand.org/t/RRA956-2](http://www.rand.org/t/RRA956-2)

**The Digital Divide and COVID-19: Teachers’ Perceptions of Inequities in Students’ Internet Access and Participation in Remote Learning** (2020). RAND researchers investigate the relationship between teachers’ reports of their students’ internet access and their interaction with students and families during school closures (with additional support from the Charles and Lynn Schusterman Family Philanthropies and Overdeck Family Foundation).

[www.rand.org/t/RRA134-3](http://www.rand.org/t/RRA134-3)

**Lowy Family Foundation**

The recently launched RAND Lowy Family Middle-Class Pathways Center has been focusing on equitable economic recovery from the pandemic, and the inequities it exacerbated. For example, minority and female business owners were harder hit by virtue of the industries in which they often operate, and disparities in capital meant that they had fewer resources to draw upon to sustain their businesses.

[www.rand.org/mcpc](http://www.rand.org/mcpc)

**Chan Zuckerberg Initiative**

Stress Topped the Reasons Why Public School Teachers Quit, Even Before COVID-19 (2021). COVID-19 added more stress to an already high-stress profession: teaching in American public schools. RAND surveyed nearly 1,000 former public school teachers and found that stress was even more important than pay in their decisions to leave the profession.

[www.rand.org/t/RRA1121-2](http://www.rand.org/t/RRA1121-2)

**American Educator Panels (AEP) Scholarship**

In addition to supporting RAND research projects, the Bill & Melinda Gates Foundation established the American Educator Panels Scholarship in 2020 to promote AEP data use among a diverse group of scholars.

Scholarships are available for selected graduate students and early-career researchers from underrepresented groups (e.g., Black or African American, Latinx, or American Indian students; first-generation college students) and from underresourced institutions that may otherwise not be able to access and analyze RAND’s AEP data.

AEP consists of three nationally representative samples of educators who provide their feedback on important issues of educational policy and practice. The three panels are the RAND American Teacher Panel, the RAND American School Leader Panel, and the RAND American School District Panel. AEP offers high-quality data from scientifically drawn, probability-based samples of teachers and principals to provide nationally representative estimates; ability to examine results for subgroups of teachers and principals, such as those in elementary, middle, or high schools, and those serving majorities of low-income or high-income students; opportunity to access and share data with the broader research community; and more.

Lu Dong is a clinical psychologist with expertise in evidence-based psychological treatments for youth and their families, whose research has broadly focused on developing and evaluating transdiagnostic psychological interventions, particularly for sleep disturbances in at-risk youth and adults with severe mental illness.

Douglas Yeung is a social psychologist whose research has examined communication styles, behaviors, and mental health when using technology. He has conducted workforce diversity research on such topics as how minorities perceive career options and career development services.
Military service and the lives of Black Americans

Tepring Piquado’s grandfathers both served in the U.S. Air Force. One bought a home, raised a family, paid off his mortgage, and saw one son become a Jesuit priest and another become a teacher. The other bought a home, raised a family, slid deeper into mortgage debt, and saw two sons die behind bars. One was White, the other Black.

Piquado is a senior policy researcher at RAND, a neuroscientist by training. Her family history has always pulled at her. She wanted to know: How do Black veterans fare when they leave the military? Are their

Having an equity lens in research means understanding that communities, even communities like the military, are not homogeneous in nature—that when we break communities down by race, socioeconomic status, gender, sexual orientation, and start to split the hair finer and finer, we see how different communities face different problems and encounter different barriers. Our policy recommendations would aim to address and, ideally, eliminate these unique barriers that underserved and historically marginalized groups face.”

Samantha McBirney is an engineer with a background in biomedical applications, emerging technologies, and laser physics. Her research has focused on medical readiness, medical logistics, pharmaceutical supply chains, and international drug policy.

Tepring Piquado is a senior policy researcher at RAND and a professor at the Pardee RAND Graduate School, where she teaches the core course on Ethics in Policy and Practice. She engages with stakeholders to develop actionable solutions to pressing issues including economic recovery, workforce development, homelessness, housing, and public health, and has worked with institutional leaders to provide outcome-based solutions that advance diversity, equity, and inclusion.

Stephanie Brooks Holliday is a behavioral scientist. Several of her studies at RAND have focused on the criminal and juvenile justice system, including the evaluation of programs to improve community reintegration. She has also led and contributed to several projects focused on military and veteran health, mental health, and well-being. She has broader interests in program evaluation and the provision of evidence-based practices for underserved populations.
experiences different from those of non-Black veterans?

Around 16 percent of active-duty service members are Black, a slightly higher percentage than in the overall U.S. population. But little research has looked at what military service means for them—whether it’s linked to negative outcomes, such as PTSD or substance use, or positive outcomes, such as economic stability and access to health care.

To answer that, Piquado is now leading an effort to review half a dozen outcomes within national data sets, covering everything from physical health to family well-being, with a specific focus on Black veterans. She and her team, which includes Samantha Mc Birney and Stephanie Brooks Holliday, hope to help the military mitigate any negative impacts. Where they find positive impacts, their research could help the rest of society learn from the military’s example.

“Equity, for me, means having tools or programs to help the most vulnerable among us,” Piquado said. “That population could be a racial demographic; during the pandemic, it was older adults. Imagine that there is an apple tree, and society created a system that bent it toward some people, so they could pick the fruit. Equity would mean removing barriers and providing tools, like a ladder, to help everyone pick the apples.”

That’s important, she said, but it’s not enough. Good policy research, at RAND and elsewhere, should aspire to something more. It should find ways to straighten the tree.

“There are so many assumptions we make as we design our studies. Building a diverse team? Partnering with the community? Considering the role of systemic injustices? Disseminating the findings in more accessible ways? These are all important elements of equity-focused research.”

STEPHANIE BROOKS HOLLIDAY
The RAND Legacy Society recognizes those who have made a planned gift to benefit RAND or Pardee RAND. A Legacy Society commitment may be unrestricted, providing RAND and Pardee RAND leaders with the flexibility to support the most pressing needs—or can be designated to a particular area of research; directed to an impact fund; or allocated to support an endowed chair, fellowship, scholarship, or award.

Ellen Brown Merewether looked back as she looked ahead to the future of RAND and the Pardee RAND Graduate School. She joined the RAND Legacy Society on behalf of her father, Harold Brown, an architect of U.S. national security policy during some of the coldest days of the Cold War.

Brown, both a former U.S. secretary of the Air Force and U.S. secretary of defense, served on the RAND Board of Trustees for more than 35 years. “There was no doubt we’d continue to support RAND to honor my father and his legacy,” Merewether said. She and her sister, Deborah, fulfilled an estate gift to Pardee RAND in the name of the Harold and Colene Brown Family Foundation.

Such legacy gifts are a keystone of RAND’s $400 million fundraising campaign, Tomorrow Demands Today. They include traditional estate bequests, as well as directed benefits from life insurance or retirement plans. They come with tax benefits and membership in the RAND Legacy Society, which hosts special events twice a year. And, as James Thomson knows, they provide a financial foundation for RAND’s future.

Thomson, a nuclear physicist by training, served as RAND’s president from 1989 to 2011. Donor funds allowed him the agility to anticipate policy questions, and provide answers that helped shape the American policy agenda. He invested in groundbreaking research to improve health care quality, for example, which later helped inform debates over the Affordable Care Act.

He and his wife, Darlene, recently joined the Legacy Society with a planned gift to the President’s Fund.

“The most important thing for me when I was president was having unrestricted funds available that I could use to meet the needs of the moment,” said Thomson, now a professor at Pardee RAND. “And I know that having such funds is essential for current and future leadership.”

The needs of this moment inspired Lionel Johnson to include RAND in his estate plans and to name it as a beneficiary on his life insurance policy. He pointed specifically to RAND’s work on climate adaptation, hurricane recovery in Puerto Rico, and truth decay in American public life.

Johnson has circled the globe on behalf of the U.S. departments of State and Treasury and the U.S. Chamber of Commerce. He’s now the president of the nonprofit Pacific Pension & Investment Institute and has served on RAND’s board since 2015.

“I wanted to help RAND continue to be nimble and flexible, to lead in research that’s timely and important but that might not otherwise get funding,” he said. “It’s a great opportunity to give back and to contribute to the business of objective research—which is as important now as it ever has been.”

Ellen Brown Merewether remembers her father describing RAND research with two words: “gold standard.” She followed him into science, earning her doctorate in physical oceanography; and, like him, she said RAND’s commitment to quality and objectivity sets it apart. “That ethos was the great appeal of RAND,” she said, “and it’s the great appeal to me, as well.”

“RAND has such enormous depth—just the problems they address, from education to the environment to foreign affairs,” she added. “My children will be the last generation that knew my father. I’m certainly hoping they will continue to support RAND. We’re hoping this is a multi-generational association with RAND.”
Psychiatrist Kenneth Wells has written a documentary disguised as an opera. It’s not his first opera—or even his first opera about mental health—but it’s his first based on an actual research study.

To develop Veteran Journeys, Wells drew on Partners in Care, a 10-year RAND-UCLA study (the psychiatrist is affiliated with both) that was one of the first to use a multisite collaborative primary care approach to treat veterans and other adults experiencing depression. Wells, who is both a librettist and composer, used transcripts and recordings of interviews with veterans to create a sense of realism and develop composite characters. And for the therapist roles, he drew on his own experiences and those of family members in medicine.

“The interviews were very rich, so it’s this huge resource. And people told fascinating stories,” Wells said. With permission from Veterans Affairs, homeless veterans encamped at the West Los Angeles VA hospital helped Wells finesse the lyrics and other elements to make the stories more true to life.

Because the characters were composites of real-life research participants, Veteran Journeys is likely the first opera ever to require Human Subjects Protection—a process used to ensure anonymity for participants in research studies.

The opera combines science and sopranos in other ways, too. A week before the first performance in June 2021, Wells held a conference on veteran mental health. And before and after the performance, the audience took a survey that Wells will use to study whether the arts can influence people’s understanding and willingness to help address social welfare issues.

What does he hope to accomplish with the opera? “Public engagement around the needs of veterans. Promotion of respect and also acknowledgment of the contributions of providers. And a sense of hope for families. … I think that’s an important message in today’s world.”

Sources: Kenneth Wells; UCLA Art/Sci Center “Particles” vlog and archives; hss.semel.ucla.edu/veteranjourneys
TOMORROW

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