After the Fact | Event Rebroadcast: A Conversation on Race and Research

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TRANSCRIPT

Dan LeDuc, host: Welcome to "After the Fact." For The Pew Charitable Trusts, I'm Dan LeDuc. In our last season, we explored the role of race in research across a range of fields, including public opinion polling, medicine, and economics. Recently, we brought several of our guests back for a virtual panel discussion on race and research that we're rebroadcasting today. We wanted to continue the conversation on this important topic because the country is changing: Four in 10 Americans now identify as a race other than White and, in the latest census, the White percentage of the population declined for the first time ever.

The discussion was led by Yolanda Lewis, whose work directing Pew's safety and justice project requires a deep understanding of the role of race and research. And we start with a welcome from Pew's president and CEO, Sue Urahn.

Susan K. Urahn, president and chief executive officer, The Pew Charitable Trusts: Good afternoon. I'm Sue Urahn, president and CEO of The Pew Charitable Trusts. It's my great pleasure to welcome you to a timely discussion that builds on Pew's recent "After the Fact" podcast series on race and research.

So why is now the right time for a discussion of race and research? We are living through a period of profound change. The United States is becoming more racially and ethnically diverse, with the latest census showing the White population declining for the first time in history. We're also continuing to feel the effects of the greatest public health challenge in a century. And we've entered what we hope is a new era of civil rights and community engagement, one that seeks to close many of the gaps that exist in health outcomes, financial security, and access to education and high-speed internet.

COVID-19 and the social justice protests that followed George Floyd's death brought renewed and overdue attention to racial and ethnic inequities. We wanted to take a closer look at how race and ethnicity inform research in fields ranging from medicine to economics to public safety. This was especially appropriate for Pew. As an organization with an almost 75-year history of

rigorous nonpartisan research and a strong commitment to public service, the intersection of race and research is an issue that raises critical questions for our work.

For example, when conducting surveys or researching trends, is there a bias, even if it's unintentional, that results in less focus on non-White groups and cultures? Are there biases and questions being asked and in favor of some research topics over others? Do we delve deeply enough into attitudes of racial and ethnic groups, or do we see them as monolithic? And do the scientists conducting the research come from a broad cross section of backgrounds, cultures, and experiences?

These are just some of the potential inequities that can be overlooked when academic institutions, public policy organizations, private industries, and governments design, conduct, and evaluate their research projects. We can and we must do better. For Pew, that means scrutinizing all of our research projects to make sure that inclusion, diversity, and equity are factored into our work and embedded in our mission and values.

We devoted a full season of the "After the Fact" podcast to race and research. The many important issues could not be covered in just one episode. We needed to hear from people from a wide variety of backgrounds and expertise who have written extensively, and care deeply about removing both conscious and unconscious bias from research. You can listen to them all at pewtrusts.org/afterthefact, or wherever you get your podcasts.

Now, today's distinguished panelists and our moderator, Yolanda Lewis, were among the guests in the "After the Fact" podcast. Let me briefly introduce each of them. Dr. Marie A. Bernard is the chief officer for scientific workforce diversity at the National Institutes of Health, where she leads efforts to promote diversity, inclusiveness, and equity throughout the biomedical research community. Among Dr. Bernard's many accomplishments at NIH, she has led the National Institute on Aging Office of Special Populations, which focuses on health disparities and research and training. She also co-chairs the NIH Inclusion Governance Committee.

David A. Williams, until very recently, directed policy outreach at Harvard University's Opportunity Insights, focusing on research that can help communities improve economic outcomes for children and families. He supported research and evidence-based policies by creating and leading community partnerships across the U.S., including a national housing initiative. Before joining Opportunity Insights, Mr. Williams served as a senior adviser to the mayor of Detroit and managed large-scale real estate and community revitalization projects.

Mark Hugo Lopez is the director of race and ethnicity research at the Pew Research Center, where he focuses on analyzing America's changing racial and ethnic landscape. He previously served as the Center's director of global migration and demography and of Hispanic research. Dr.

Lopez is a leading expert on racial and ethnic identity, Latino politics and culture, and the U.S. Hispanic and Asian-American populations.

And, finally, let me introduce our moderator, Yolanda Lewis. Ms. Lewis leads Pew's safety and justice initiatives, including public safety performance, mental health and justice, and civil legal system modernization. She came to us with extensive experience in judicial administration, civil justice, and mental health. Her work requires a deep understanding of the role of race and ethnicity in research projects.

A reminder to all who are watching that we are recording this event. And now let me turn the program over to Yolanda Lewis. Yolanda.

Yolanda Lewis, senior director, safety and justice, The Pew Charitable Trusts: Thanks, Sue. Good afternoon. And welcome to today's conversation on race and research. So as Sue alluded to, this event is an extension of discussions that emerged on this season's "After the Fact" podcast, where Pew has fostered discourse around research and policy with race as the center of gravity.

Now, for many years, and increasingly in the last year, race has taken residence in critical conversations spanning across social and economic sectors and connecting to some of the most challenging issues of our time. This type of dialogue often sparks lively debates, challenges the traditional narratives around the human experience, and reorients our thinking around what we consider to be viable and equitable solutions for communities.

But to adequately address these challenges, conversations should be rooted in research that leverages race as an important metric for change. And, yes, race-related data can illuminate challenging and problematic trends, but data also holds promise and offers emerging opportunities for future transformation. As we think about the role of research, it is important that we examine how we collect, analyze, share, and use data to diminish future disparities.

So today we will hear from an exceptional group of panelists who are change-makers rising to this challenge within their respective sectors in government, academia, private enterprise, and philanthropy. So, we hope today's conversation offers insights on the importance of race in research, its implication on public policy, and how we can thoughtfully share the stories of those who have not always been considered, reflected, or acknowledged in the broader mosaic of humanity.

So, let's dive in. So, I want to start our conversation today around factoring for race. Of course, the last year and a half has been tough for all of us. And it has reiterated the importance of data and science. The effects of the pandemic have revealed, in real time, how health information and data are collected, communicated, and used to shape public policy. And while the census

data tells us that the landscape of America is changing demographically, the country also faces a racial reckoning, pushing the dialogue around diversity to the nation's forefront.

So, Mark, I want to kind of start with you here. I think it is very important for us to understand how people are experiencing this moment. And at the Pew Research Center, you provide public opinion polling on a range of issues and areas. So, can you talk a little bit about the demographic trends that you're seeing in your work?

Mark Hugo Lopez: Yes, so as you mentioned, the nation's population is becoming more diverse in a number of ways. In the 2020 Census, which released some very interesting race and ethnicity findings in August, really highlights this. So, for example, since 2010, most of the growth of the nation's population has come from growth of its Hispanic, Asian, and Black populations. In fact, those groups have driven U.S. population growth. The White non-Hispanic population saw a decline of about 5 million people. And today the nation stands at about 331 million people overall but has also experienced its slowest population growth since the Great Depression. So, a lot of very interesting findings, just generally, from the census.

But, interestingly, the nation has become more diverse in a number of ways. Now, social scientists, we tend to think about these groups as mutually exclusive groups—Hispanics, Black non-Hispanics, Asian non-Hispanics, White non-Hispanics, Native American non-Hispanics, for example. But the census also revealed that many people are of two or more races, that they want to identify as multiracial and claim that multiracial identity.

So, when we think about these as well, we need to be cognizant and sensitive to the different ways in which the public itself wants to describe its identity. And sometimes it's not about those very clean groups, but more about the nuanced stories of identity that make up the nation's population.

But as you noted, the nation is more diverse than ever. And it's diverse on so many dimensions. One of those is race and ethnicity.

Yolanda Lewis: Yeah, great data points and a lot to consider there. David, I want to talk a little bit about your work. You work with communities and policymakers to increase economic opportunity and mobility. Can you talk to us a little bit about the role of demographic data, some of which I'm sure Mark talked about, when it comes to your work and how you're factoring for race?

David Williams: Yeah, that demographic data and thinking in a nuanced way about race is really central to thinking about the issues we're facing. So, some of our research from a couple of years ago used census and IRS data to track longitudinal outcomes for kids growing up across the United States. So, basically, looking at 29 million kids who grew up in every region and every

neighborhood in the country, and being able to follow their outcomes, 10, 15, 20 years down the line, to see what their chances were of rising up the income ladder. And one thing we see is that where you grow up matters, but also race and ethnic identity play a very real role that we can literally see in the data.

One example is that, for Black and White men who are growing up in families with similar income levels, either lower or medium income, in the same regions, in the same cities, and even in the same neighborhoods, on the same block, have very different outcomes in the long term. And we see this in basically 99%, almost every neighborhood in the country.

And, again, these are young men who grew up in similarly low-income or middle-income families. I think, oftentimes, we think about the legacy of race and racial discrimination and how people are at different starting points. But part of what this research shows us is that, of course, that historical legacy is very important, but race is having a real impact today. It's impacting the lives of men and women across the country. And I think it makes us really think critically around what [are] those systems, what are those influences, that are holding certain groups back.

And we created an online tool called the Opportunity Atlas, where you can look at your own individual neighborhood and see what the outcomes are for kids who grow up there. And you're able to break it down by demographic factors like race and gender. And, again, I think it shows that neighborhoods really matter. We see very different outcomes based on where you grow up. But really solving for these different factors, again, race, gender, how much money your parents made when you were growing up. These also have extremely important outcomes and impacts on these long-term outcomes.

Yolanda Lewis: Great. So, we're going to talk a little bit about the tool. And I think it's going to be helpful for people to hear how you've been kind of tracking additional points of information. Such great context to frame the conversation.

So, I want to talk a little bit about building in an equity lens into the design of research. As we consider opportunities to advance diversity, equity, and inclusion in research, it's not always enough to simply have access to the data. It's equally important to consider who has a seat at the table as the data is collected. Which means that establishing a business case for a more diverse workforce should be a strategic consideration in research design.

So, Dr. Bernard, if I could, I want to turn to you now. According to a Pew Research Center survey, only 5% of America's physicians and surgeons are Black. In your role leading the Office of Scientific Workforce Diversity at NIH, you've seen a similar trend of underrepresentation in medical and research fields. So, I want to take a moment to kind elaborate on that data point.

And, if you could, tell us any strategies you have underway to increase diversity in the research workforce.

Marie A. Bernard, M.D: Yes, thank you so much for the question. And it is a true phenomenon that we do not have everyone at the table to provide medical care, to think about the science, and to move our biomedical research enterprise forward. And it's really critical. The sorts of problems that we need to solve to advance the health of this nation needs every different perspective possible because they're big and complex problems. And, we know, from looking at the data, that as compared to representation in the general population, there are what are considered usually underrepresented minority groups that are not well represented.

We know as well that, when you have those people at the table, the sorts of questions that get asked end up being different because of differing perspectives. We know that when you want to do a clinical trial, the people who get recruited into the clinical trials will tend to want to see someone who looks like themselves. And, so, if you don't have a diverse group of scientists who are designing and going out and doing the recruiting, you don't have a diverse group of people who end up in the clinical trial, and the data that you have is not necessarily applicable to the full population.

So, what are we doing about that? We at NIH are very serious about this issue. Just the fact that I have the title chief officer for scientific workforce diversity, working across NIH to make sure that we are attentive to these issues, shows the devotion to this. This February, we unveiled an initiative that we are calling "NIH Unite," a very ambitious effort to end structural racism internal to NIH, in the external biomedical research workforce, and to make sure that we are funding really transformative health disparities in minority health and health equity research. We have been very struck by the disparities that have been seen in morbidity and mortality, in other words, people become who ill, the people who die, who are from underrepresented racial and ethnic groups, and are really determined to make differences by getting more people at the table and thinking more broadly.

Yolanda Lewis: So, can I ask a bit of a follow-up question here? Can you give examples of how this program has really resulted in better outcomes, maybe, in recruitment of individuals for NIH and in the field more broadly, and then examples of how that's translating to better outcomes for individuals who may have health challenges.

Marie A. Bernard, M.D: So, since we have really been focused more on enhancing diversity in the scientific workforce, the establishment of this position in 2014—I took it on in May, so kudos to Dr. Hannah Valentine, who was the first chief officer for scientific workforce diversity—there were programs that were developed to make outreach to young people who might be interested in scientific careers, across the country, at the college level, to try to get them to the point that

they get those degrees and they go on to graduate school and that they pursue a scientific career.

And that is proving very fruitful. We're seeing a lot more people coming along the pathway. We're seeing that some of the discrepancies that used to exist in terms of scientists from diverse backgrounds getting some of our really prize funding awards, like what's called a "Training Award" and what's called an "R1 grant," which is what you need to get if you're going to be a tenured faculty member at an academic institution, that some of those discrepancies are getting to be less. We still have a lot of work to do. The numbers are very small. And we need a lot more. But we're seeing the progress occurring.

This translates into differences, again, as to what happens. A great example, my colleague Eve Higginbotham, at University of Pennsylvania, is an ophthalmologist, has noted that, in ophthalmology research, they had some great treatments for glaucoma that were developed. Glaucoma is highly prevalent in African American and Black populations. But they weren't seeing uptake of the therapy that they would have expected.

Why was that? Because the drops that were designed caused people to have red eyes. And in the African American community, that was seen as representative of potentially being on drugs or alcohol, and so it was not accepted. The right people weren't at the table when they were thinking about designing this. But they did get the right people, ultimately, to interpret it.

Having spent much of my academic career in Oklahoma, I can tell you that, in dealing with American Indian and Alaska Native tribes, there are particular cultural things, for instance, with regards to color pills, or even the way you approach the populations, that are very important. And you need to have people who are cognizant of, and who can guide you through thinking about those things and who we'll ask different sorts of questions if they've had that past background.

Yolanda Lewis: Perfect. Thank you for giving us that additional background. I think representation matters. And the approach that you're taking really elevates that notion.

Speaking of representation, David, I want to turn back to you. At the start of the pandemic, Opportunity Insights launched a new COVID-19 tracker to show the pandemic's effect on inequality in neighborhoods across the country. Can you share a little bit about how you approached this enormous task and how you used data to not only represent but really tell the stories of these communities?

David Williams: Absolutely. So, this is something where I think we actually learned a lot from our work with the Opportunity Atlas. Because I think we had this treasure trove of data from the U.S. Census and IRS. And we really saw that it was able to break down these issues at very granular

levels, really getting at the neighborhood level and understanding these issues in ways that we hadn't been able to before. And when we saw, like everyone, COVID hit, it impacted everyone in very real ways. And we saw that we had great data on the health side. Johns Hopkins was putting out real-time data on the health implications of the pandemic, but we didn't have something similar on the economic side. A lot of the government metrics lagged by a few months or several months. And I think because the pandemic was hitting us so hard and so quickly, we didn't have a real sense of how our economy was being impacted in that same real-time way.

So, we were able to really leverage the support of several private-sector companies. And using the billions of data points that they have in their transactional data, we were able to use that in a way to track some of these economic outcomes in real time. And I think what that showed us was things were changing very quickly, but it also let us have a somewhat similar level of granularity on the geographic front as well.

And that helped us see some somewhat counterintuitive trends. So, one thing we saw was that it actually was higher-income communities, initially, who were being hit hardest economically by the pandemic. Because these were places where, oftentimes, these families were able to self-isolate more effectively. So, they weren't going to their local bars and restaurants.

But the individuals who were being most impacted were those low-income workers at those restaurants in those higher-income communities. I think that's one example of, when you get that granularity of the data, it can help you see these fast-moving changes and sometimes these counterintuitive results that you might not expect.

Now, something we have seen on the more macro level is that COVID hit everyone, right, there was job loss, initially, for everyone. But at this point, high-income workers, their employment rates are actually higher than they were pre-pandemic, whereas for lower-wage workers, their employment rates are actually still down by over 25% to this day.

So, we're seeing real inequity in the recovery from COVID. And I think being able to pinpoint that data and see what those changes look like in real time can help us, again, think more critically around how we respond, but also understanding it's not just a macro effect on everyone, but different segments of the population are being hit in very different ways.

Yolanda Lewis: Yeah. I think, even in the quick discussion and narrative that you just gave, I think there were really salient data points that weren't recognized during this process. So, Mark, I want to turn back to you. You know, we talk a lot about the changing demographics of America. And you kind of alluded to this earlier. The country is changing through racial and economic diversity and is continuing to grow. As we move forward, how has this impacted the way you

collect data and then how you approach polling and factoring how people want to be polled at this point?

Mark Hugo Lopez: So, first, how does it affect the data that we collect and even the questions that we ask. And I think everything that my co-panelists here have mentioned are important points that we think about at the Pew Research Center in, for example, collecting public opinion data. So, first, when we tell stories about the racial and ethnic diversity of the nation, we want to be able to tell the stories about the large groups—White, Black, Hispanic, Asian, Native-American, for example, mixed race Americans, or multiracial Americans. But at the same time, we want to be able to tell the stories within those groups.

So, one of the things that we've been doing at the Pew Research Center is to do in-depth studies of different parts of the U.S. population. So, for example, if we did a survey of Muslim Americans, what will we ask and what will we find and what differences might we observe within that population? Imagine doing the same, an in-depth study of Black Americans. And Black Americans, of course, oftentimes, are presented as a single data point in comparison to, say, other groups of the U.S. population. But there are nuanced stories within the Black population that oftentimes don't emerge unless you look more deeply in the data.

And we've been doing this for Hispanics for almost two decades now at the Pew Research Center, looking in-depth at the stories of the nation's growing and changing Hispanic population. And there's a lot of nuance to tell about what happens within a group or within a population. So, at Pew Research, we're doing more in-depth work as well.

But, also, we are thinking about how we ask about race and ethnicity. That is, do we pursue the Census Bureau's approach of a two-step race and ethnicity question, first asking people if you're Hispanic, and then, next, asking people, what is your race? And you can choose as many races as you would like. But there are other ways to approach this. So, for example, when other people pass you on the street, when they see you, what do you think they see you as, as White, Black, Hispanic, Asian, for example. So, in other words, your street race. What about your skin color? There is, of course, a dimension to racial and ethnic identity around skin color that can sometimes contain, within group, differences, and discrimination experiences. Lighter-skinned people versus darker-skinned people might have different experiences around discrimination, even within a group like Hispanics. And, also, just how do people describe their own identity?

Now, all of this is research that's underway at the Pew Research Center that will eventually shape how we think about racial identity, but also how we not only ask about it in a survey, but how we also report it out. And that's where, I think, you'll see a lot of interest, is telling those nuanced stories about different groups to portray them and to describe and to uncover the very detailed and diverse stories of those groups. Because none of these groups are monolithic. They

do have different stories depending on who and where and which group we're talking about. And that's something I think you'll see that not only is happening at the Pew Research Center, but even the Census Bureau's report from August on racial identity in the U.S. highlighted that there are many people who are Black and another race as well. So, we talk about the Black alone or in-combination population, which is different than the Black, non-Hispanic, single-race population that we normally talk about.

So, again, this highlights some of the changes that are happening in the country that are driving the ways in which people see themselves. And as researchers, we want to reflect the way in which people see themselves and capture that in our analysis.

Yolanda Lewis: Thanks. I think that's very helpful.

So, I want to kind of—we've been talking about the future of research and where we're going and what we should consider in the future. But I think it's important to take a moment to just acknowledge how race carries structural and systematic legacies that have created these longstanding attitudes of distrust in communities of color. For example, despite the field I work in, reform progress in some areas of the justice system, evidence still shows that racial disparities and inequitable practices exist in incarceration, arrest rates, and even the treatment of youth of color. And, so, this history, I think, affects trust and confidence in the justice system. But at the same time, it has also employed decision-makers to consider previous policies that may have reinforced this disconnect.

So, I want to just start to think about a historical lens for just a second with all of you. Can you talk a little bit about how you're factoring the historical context of race and how you're using that to tell more compelling stories or make business cases for changes to kind of longstanding practices or policies that have consequences to your work? So, can we talk a little bit about how you're factoring in the historical piece? And I'll just start with David, if that's OK.

David Williams: Yeah, absolutely. So, I think one area where that comes to mind immediately is in housing and housing policy. And, I think, probably, many of us on this panel and in the audience are aware of our country's history of residential segregation, redlining, and all the different factors that have really shaped our communities in very real ways and how we have concentrations of low-income folks in very high-poverty neighborhoods across the country, in communities across the country. And, so, I think that has helped shape where people live. And, again, our research shows that where you live has real implications for your long-term outcomes. And, so, I think not understanding that history really leaves you at a disservice when you're thinking about how we need to shape housing policies moving forward.

But with that said, I think an interesting thing is it's important to use the data to see not just how these historical legacies are impacting our present, but what our policies today continue to do. So, the Department of Housing and Urban Development spends over $50 billion every year on affordable housing, resources that are extremely important for millions of low-income families across the country, programs like "Low-Income Housing Tax Credit Program," which helps build affordable housing, the "Housing Choice Voucher Program" that provides subsidies for low-income families in rental housing.

But part of what we see is that the families who actually get access to these very important resources are actually more likely to use them in these areas of high poverty, in these areas of concentration of poverty, where we see worse outcomes for low-income children. So, in some ways, these same policies are actually exacerbating those same legacies of discrimination that got us here in the first place, again, even though policymakers today are not actively trying to do that.

There are other systems in place that basically only allow families to oftentimes use these resources in higher-poverty places. So, I think it's both acknowledging these histories, understanding these trends and how we combat them, but also looking at systems, programs, and policies today, and how we can adjust them to have better outcomes and not just follow those historical patterns and legacies.

Yolanda Lewis: Thank you, David. Dr. Bernard.

Marie A. Bernard, M.D: Yes. NIH, which I represent, is the largest biomedical funding agency in the United States, probably in the world. And we give out grants to academic and research entities across the country to conduct research. And yet there have been abuses of various populations—the Tuskegee syphilis experiment, the Henrietta Lacks experience—that has led to distrust of the research and the outreach that's made by our researchers by the African American community. There's distrust by the American Indian community because of violations of agreements with populations that have been the subjects of research, with things being shared and published without going through the proper process with the tribal councils and tribal elders.

We have rules and regulations in place to help prevent those sorts of things. We have institutional review boards that are now in place and data safety monitoring boards that are in place to try to ensure that those sorts of errors of the past are not repeated. But it's been really evident, particularly with the COVID pandemic, that there's still work to be done to build that trust. For instance, as the COVID-19 vaccines were developed and efforts were being made to get them deployed, there was clear hesitancy among African American populations, Latino, Hispanic populations, American Indian populations, to take advantage of this new technology.

And NIH has developed a really robust program, Community Engagement Alliance, to try to make outreach using trusted messengers, primary care providers in the communities, to help convey the message about the wonderful advances that have occurred as a result of the vaccine.

But it's a continuous process of working on and building trust. The trust can be lost very quickly. And it's a very long process for rebuilding it.

Yolanda Lewis: Absolutely. And Mark, I want to give you a chance to also weigh in.

Mark Hugo Lopez: From a survey researcher point of view, thinking about a number of elements, including sample sizes—do we have a sufficient sample size of different groups to be able to talk about their story when we do a survey—to even the design of the questions that we ask—are we asking culturally relevant questions of the different populations we're exploring—to also talking about how we report out those findings. Oftentimes you will see, in the past, for example, you would see reporting out of different stories for the nation's White non-Hispanic population, for example, college-educated people versus those who are not college educated, White Democrats, White Republicans, suburban White Americans, and then you would have a finding for Blacks, all Hispanics, and all Asians, ignoring the nuances within those populations.

But being able to report out the different stories of these groups to show the depth of those groups' experiences and voices and attitudes is another key part here to think about. So, it's not only about having sufficient sample size, being able to represent those groups with culturally competent questions, but also then how we report out those findings. And those are all things that are on the mind of me and my colleagues at the Pew Research Center as we move forward.

Yolanda Lewis: Perfect. Thank you all for giving feedback on that question. So, Dr. Bernard, you mentioned using data not to repeat patterns that essentially might be harmful. And you also mentioned funding. So, I want to talk a little bit about that. I know public health is at the top of all of our minds. And both from a funding and research perspective, those are all parts of this equation. And, so, can you talk about efforts underway to improve medical research in areas that disproportionately affect people of color, and really thinking about how we fund research. Because it's not just about having the ability to know how these issues affect communities, but properly funding them to be able to uncover these challenges.

Marie A. Bernard, M.D: Yes, thank you for that question. That's been something that we have been really focusing on. Again, the pandemic demonstrating the disparities that exist. Yes, the videotaped murder of George Floyd and all of the activities following that, that's what led to our declaring our focus on structural racism. And a component of that is looking at exactly that question. How much are we investing in health disparities research, minority health research, health equity? Is it enough? We don't think it is. And, thus, we have recently invested or made a

commitment of up to $60 million over the next five years to do some really transformative research in this area.

Just in general, at minority-serving institutions, we'll give outside researchers at minority-serving institutions another opportunity to compete for additional funds to address these sorts of issues. And in the government fiscal year '23 that starts Oct. 1, 2022, there will be still other opportunities that will be put out there to enhance our examination and hopefully moving our knowledge and effective interventions along at a much more rapid pace.

We're also looking at ways in which we can more accurately categorize what is already being invested in these areas. Because some of it has been not as clear as it needs to be. And we believe that transparency is—or you might say sunshine—is the best disinfectant. So, we're going to be transparent about what our investments are in these areas and expect that the scientists out there and the general public will be holding us accountable.

And, then, finally, we're very grateful that President Biden has put forward proposed increases for some of our components that lead the research in this area, things like the National Institute of Minority Health and Health Disparities as part of NIH, the Nursing Institute, the Heart, Lung, and Blood Institute. And if the president's budget is approved sometime in the next many weeks, there'll be more investments in this area to help, again, to move the research forward.

Yolanda Lewis: I want to talk a little bit about how data can drive systematic change and improve lives. We know that diverse perspectives, because we've heard you talk about that today, really facilitates the development of new solutions to longstanding problems. So, I want to just hear from all of you about what you think we can share with policymakers, community leaders, system actors who are working on these issues, in the way that they leverage tools of research to be inclusive as opposed to an exclusionary tool. I know we've talked about redlining. And we know that was an exclusionary measure. But how do we leverage these tools now to be more inclusive versus kind of fueling exclusion? Go ahead, David.

David Williams: No, I think it's a great question. And I think it's really about collaboration and being proactive and sharing the data and having conversations around how we don't just point out these disparities, but really creatively think around what those solutions look like moving forward. And I think part of it is first acknowledging the limitations in the data. I think data can really help pinpoint certain issues. But it takes real on-the-ground knowledge, both of practitioners and of people who are living these day-to-day experiences.

And, I think that was reflected in some of the work we did in the housing policy space. Our data showed how we see different outcomes based on where people grow up, we see certain areas of high opportunity where kids who grow up in these places have much better outcomes. What

are the barriers that low-income families face in sometimes living in some of these areas? And, so, we actually worked with housing authorities in Seattle and King County, worked with their folks on the front lines, working with families who are using housing choice vouchers, to figure out what could a solution look like to help expand the geographies that these families have access to.

And, so, we ended up working on an actual randomized evaluation with intervention with these housing authorities, which ended up being very successful. The families who were provided housing assistance and housing counselors were almost four times more likely to move to some of these higher-opportunity areas that we were able to pinpoint in the data. But that work would not have been possible without the data, but more importantly, without the insights of the people who had already been working on these issues for years, if not decades.

So, I think really being proactive about, one, trying to ask the right questions, making sure that people who are on the ground inform our research agendas, but then really taking the results of this research and working with the people who have the on-the-ground perspective to think about what those solutions could look like.

Yolanda Lewis: Perfect. I really like that. Dr. Bernard, can I shift to you?

Marie A. Bernard, M.D: So, we are involved at NIH with science policy. And one of the science policy things that we would really like leaders at academic and research institutions across the country to think about are things kind of related to what David was just saying, that if we're going to have all of the people at the table that we need to have the diverse perspectives necessary to solve complex problems, we need to start early. We need to think about children and getting them exposed to science, technology, engineering, math, and medicine. And, yes, NIH can fund some of that. But academic leaders, research leaders can also—it takes very little of one's volunteer time to capture the imagination of that young person.

And we know that science identity develops very early. It's pretty much set by the time kids are in middle school. So, if we're going to ultimately have a more diverse community of scientists who are asking these questions and coming up with the best answers, that is a place where I would really encourage people to think about donating their volunteer time.

Yolanda Lewis: Perfect. And Mark, I want to give you a chance also to weigh in on this, how we use tools for inclusion versus exclusion.

Mark Hugo Lopez: So, as my fellow panelists have noted, there's many different ways to approach this. And one of the ways in collecting data that we do with the Pew Research Center is to be sure that our samples and our surveys are representative of the people that we want to tell

stories about. But it also means that we have to be in a position to be able to disaggregate the data to tell the within-group stories, as you heard me mention before.

But to give you a good example of this, in the United States, we have a tendency to talk about groups in these very pan-ethnic ways, as in Asian Americans. But Asian Americans are made up of a very diverse group of people who trace their roots to many different parts of the Asian continent and speak many different languages or have different immigrant experiences.

Being able to tell those disaggregated stories, some social scientists might say, is a way to tell more about what's happening in this country to understand some of the nuances of what's happening to a group and how that might impact or influence or have a role in designing or thinking about what policies might work where and how. But, again, this is just something that, as we think about designing our surveys at the Pew Research Center, it's on our minds to try to represent, as best we can, the different voices and attitudes and views of different parts of different groups and populations.

Yolanda Lewis: You know, I think this question brings up something very interesting for me. We've been talking about nuances in data and having data available. What I think we haven't talked about is reliability of data, like missing pieces in the data. And, so, Mark, I want to come back to you and David to talk about the fact that we're collecting data—there are some challenges. We don't want to assume that we have all of the data and we just haven't collected it. There are structures that are not collecting data that we would like to know more about. So, can we talk a little bit about the missing links in this and how those are impacting our ability to really tell reflective stories about communities?

Mark Hugo Lopez: It's a great point. And it's one that is a challenge for any survey researcher— any research that's done that's collecting data about a group or a population or a demographic segment of the U.S. In the case of, for example, think about the story about Hispanics, for the longest time, a lot of public opinion data of Hispanics only interviewed English-speaking Hispanics. And with so many Hispanics arriving from other countries in the '80s, '90s, and early 2000s, the story of those recently arrived immigrants who may not speak English and may not get into a public opinion survey was being missed.

And there isn't an easy solution here. And it's always very hard to make sure we can represent all the different segments of a population with a survey design. But there are other ways that we might go about reaching, for example, a group that maybe is hard to reach through a survey process, but maybe focus groups might be a great way to get information about the stories of a particular group. But being aware of who is potentially being missed by some of the designs of our surveys, I think, is important.

And this isn't something that's just unique to public opinion surveys from places like the Pew Research Center. It also affects the data that the federal government collects. It's only as good as what they're able to capture information about.

Yolanda Lewis: Yeah, absolutely.

David Williams: Yeah, that's a really interesting example, Mark. And I think we've seen it in our work as well. I think our original research on economic mobility was focused on the IRS data, which really gave us a great sense of longitudinal outcomes but didn't give us that breakdown by race. When we were able to add that census tract data, that opened up a world of possibility for us, and, again, I think, really showed us that you can't underestimate the impact of race and ethnic identity on outcomes. I think a lot of our work on the COVID front was opportunistic. We ended up working with private-sector parties and using their data. But we weren't able to break that data down by race. So, I think we were able to see some really important outcomes in our work. But we know that race is playing underlying factors as well.

So, I think, whenever possible, to Dr. Bernard's point, taking that time to think about the questions we want to ask and answer with the understanding that race and ethnic identity should be part of that asking and answering, and thinking through where possible we can get that data from that can help us break down these outcomes in ways that can really show these more nuanced outcomes than we see on that broad macro level.

So, obviously, it's not always possible. And it's definitely not easy work. But I think the more we, upfront, think about those big questions, think about those subgroups that we want to target, and then go after the type of data that can actually help us get at those issues, I think, the better for all of us.

Yolanda Lewis: Yeah, really great lessons on how to be more inclusive and reaching beyond the boundaries that we've traditionally set. So, Dr. Bernard, you've said that "great minds think different." I'll just tell you I love that phrase. Do you have any examples where diversity and divergence in thought kind of intersects with innovation to really help the medical community create or solve public health issues? I think that's just a beautiful quote.

Marie A. Bernard, M.D: So, thank you. Yes, that is our tagline, "great minds think differently." And I think I may have scooped myself, because I've already mentioned how having African Americans at the table helped to point out that the glaucoma drops that were developed were not going to work well in the African American community.

I can give examples of things like very basic research that has looked at birdsong. And it was a field that was originally dominated by men. And then when women became involved, they found out that the birdsong patterns were different than what was expected because they were

looking more broadly. When we look at some of the things that we treasure in science—how many times has this paper been cited—the more diverse the group of individuals who are involved in developing the project and publishing about the project, the more frequently it's cited. So that means it's a more impactful study.

And yet you have the converse. The example, my life, becoming the chief officer for scientific workforce diversity was as an academic geriatrician and deputy director of the National Institute on Aging here at NIH. And, so, we were leading Alzheimer's research. So, I pay a lot of attention to this.

And there was a drug recently approved by the FDA for emergency use for Alzheimer's. And you look at the people who were involved in the study that led to the approval. This is not an NIH-funded study. And it's 89% non-Hispanic Whites, 9% Asians, and then 2% others. And yet when you look at the data about who has the highest prevalence of problems related to Alzheimer's diseases, it's African Americans and Blacks and Latinos and Hispanics.

So, again, the issue of who is at the table helping to design the study and who is out there trying to recruit people, and when you look at what's necessary to qualify to take the medication, you have to have early-stage disease. And African Americans and Blacks and Latinos tend not to get diagnosed as early. It's very expensive. It requires a lot of intervention. So, it's the converse. But it's an example of, if you had a more diverse group of individuals who are helping to develop this—and I know it's a field that doesn't have a great deal of diversity—that perhaps other ways of approaching things would have been considered.

Yolanda Lewis: This has been such a great discussion. And I know there are so many questions that we didn't get to today. And, so, I want to just kind of leave some parting thoughts for the folks that have joined us today.

We know that this conversation, the national conversation, around race and diversity is continuing to evolve. But if you would, please just kind of share one last thing that researchers can do to make a difference in improving racial equity in this country. And, David, let's start with you, really quickly.

David Williams: I'd say collaboration. And not just pointing out the issues, but helping find solutions, and then using data to hold ourselves accountable to make sure we're actually having the impact we intend.

Yolanda Lewis: Thank you. Mark?

Mark Hugo Lopez: I think that one of the most important things that researchers can do is to learn to and seek to understand the nuances within populations and to understand their stories and the diverse stories that there are within each group.

Yolanda Lewis: And Dr. Bernard?

Marie A. Bernard, M.D: I would say disrupt the dominant paradigm. Think about having different people at the table and hearing different voices.

Yolanda Lewis: Wonderful. Well, thank you all. This has been wonderful. And, so, on behalf of Pew, I want to thank our esteemed panelists for sharing their insights on this very important topic. And most of all, we want to thank you, the audience, for joining us today.

Dan LeDuc: Thanks for listening today, and if you want to check out our full season on race and research, go to pewtrusts.org/afterthefact.

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