

## Moving Towards Equity as a Driver of Health Behavior Research

E. Lisako McKyer, PhD, MPH  
Erika Trapl, PhD

The topic of health disparities has long been a focus of health behavior research, and was officially recognized in 1984 via the release of “Health, United States, 1983”<sup>1</sup> by the U.S. Department of Health and Human Services. Health equity, however, has entered the health behavior research lexicon more recently. Indeed, while the term seems to be widely used, it may not be as well understood. Health equity allows for individuals and communities to have fair opportunities to reach optimal levels of health, by paying particular attention to those at greatest risk. It extends beyond identifying health disparities. A concise yet thorough definition comes from the Robert Wood Johnson Foundation (RWJF)<sup>2</sup>:

*“Health equity means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.” Pg 2*

For health behavior researchers, using a health equity lens requires us to more expressly consider multiple contexts in understanding and intervening to improve health-related behaviors and reduce disparities in outcomes. The results of such studies are critical to advancing our knowledge base, and for making meaningful progress toward optimal health and health equity. Using this perspective, health disparities constitute an outcome, and the reduction and ultimate elimination of such disparities serves as a metric of our progress toward achieving health equity.

In this issue, we amplify the themes of the 2018 American Academy of Health Behavior Annual Scientific Meeting with respect to the imperative of the utilization of a health equity lens in health behavior research. The *Academy* is a scientific community with high objective standards for membership and research quality. Yet, the impact of our research is subjective and has strong social justice implications when critically evaluated through a health equity lens. We cannot hide behind our scientific method and ignore potential consequences to populations affected differentially and inequitably by what we learn.

The selected papers serve as salient examples of how health equity perspectives could and should be integrated into all health behavior research. The methods and analyses meet our scientific standards, and the framing of research questions and interpretation of results illustrate how health behavior researchers can conduct rigorous research to address and reduce disparities. We hope that as you read each contribution, you will gain ideas on how to better integrate a health equity perspective in your own work.

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<sup>1</sup> NCHS: Health, United States, 1983; and Prevention Profile. [PHS] 84-1232. Washington, DC: US Government Printing Office; 1983.

<sup>2</sup> Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. *What Is Health Equity? And What Difference Does a Definition Make?* Princeton, NJ: Robert Wood Johnson Foundation, 2017.