

Real-world examples demonstrate how systems science can address health inequities

September 12 2023



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As researchers increasingly recognize that causes for health issues are structural and interrelated, real-world, innovative case studies demonstrate the value of applying systems science to evaluate health

interventions and address health inequities as seen in a special supplement, supported by the W.K. Kellogg Foundation, in the October/December issue of *Family & Community Health*.

Systems science offers an effective paradigm for examining and addressing various health issues to improve outcomes and reduce health inequities. The [case studies](#) in this special supplement "review how systems science is currently used in [public health](#), suggest areas of improvement, and then review included articles' various techniques to intervene in and evaluate complex health problems," according to Whitney R. Garney, Ph.D., MPH, and Sara Flores, Department of Health Behavior, Texas A&M School of Public Health; Monica L. Wendel, DrPH, MA, and Hallie R. Decker, MSSW, Department of Health Promotion & Behavioral Sciences, University of Louisville School of Public Health & Information Sciences, in an editorial that opens the supplement.

Systems-level investigations should focus on how causal factors interrelate and overlap

Systems science is not new to public health, as researchers, practitioners, and policymakers now realize there are structural and systemic causes to a wide variety of [health issues](#). Yet, a variety of factors, including lack of people trained in system science methods and lack of funds, are inhibiting the advancement of systems-level investigations. In addition, many approaches still confine their evaluations to individuals rather than to the ways policies, institutions, and communities are connected.

This supplement aims to fill this gap and presents a diverse selection of case studies using a variety of strategic models. For example, in "Longitudinal policy and systems change as a component of community power", Providence Health System's Claire Devine, JD, MPH; et al.

discuss a 10-year longitudinal study on how local communities can build power and influence to effect positive, systemic changes that address health inequities.

The study used a unique coding mechanism to capture approximately 1,500 policy and system changes as part of California's 2010-2020 Building Healthy Communities initiative to illustrate that state, local, and community changes are interdependent. The article focuses on the state's Local Control Funding Formula (LCFF), which targeted schools. Results show that 68% of statewide changes overlapped with community changes, indicating that the LCFF policy led to multiple community-driven changes over time. As the authors note, "By bridging the divide between community members and reformers and using bottom-up, inclusive approaches, place-based initiatives like BHC can promote racial and health equity."

More information: [\[Link to Supplemental Issue\]](#)

Provided by Wolters Kluwer Health

Citation: Real-world examples demonstrate how systems science can address health inequities (2023, September 12) retrieved 27 April 2024 from <https://medicalxpress.com/news/2023-09-real-world-examples-science-health-inequities.html>

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