The goal of my research is to support systems-level solutions, which specifically target social determinants of health and ultimately eliminate health inequities. I ground my research in eleven years of practice within transdisciplinary healthcare teams and activism dedicated to reducing the impact of social determinants such as war, discrimination and intimate partner violence on health outcomes. My research also relies on ecosocial theory as the foundation for health equity solutions. This multilevel theory of disease distribution, similar to systems theory, considers how our biology, individual and collective histories, societal arrangements of power, and ecological context “get under our skin,” resulting in literal embodiment of social conditions. So far, I have pursued my research agenda by conducting two independent transdisciplinary projects, which focused on understanding the effects of social conditions within K-12 schools and healthcare settings on health behaviors and outcomes. The knowledge I have gained through these projects, in conjunction with my practice experience, lays the foundation for the next step in my research agenda. While I will continue to explore the embodiment pathways, these research pursuits will always be in service of my primary goal of informing systems-level interventions that seek to eliminate health inequities.

My three-article dissertation aims to develop and test a transdisciplinary framework for understanding restorative justice (RJ) as a powerful tool for simultaneously improving educational and health outcomes. Over the past decade, RJ in K-12 schools has gained national prominence because early evidence suggests that it has the power to interrupt the school-to-prison pipeline. Despite the positive impact of RJ on factors associated with adolescent and adult health—dropout prevention, academic success, and social inclusion, among others—only a handful of scholars, practitioners, and policy-makers see it as a public health intervention. In the United States, this is especially important because the school-to-prison pipeline disproportionately impacts African-Americans and Latinos who also experience health inequities. Furthermore, given the positive association between social inclusion on one hand and good health on the other, the implementation of RJ in K-12 schools provides an unusual opportunity over time to impact a social institution that has critical influence on the overall population health in the country. Considering that last year 50.4 million students attended 98,300 public schools, the size of that effect is enormous.

To conduct my dissertation research, I use hierarchical linear modeling (HLM) and secondary data from California School Climate, Health, and Learning Survey (CAL-SCHLS) System. In the first conceptual dissertation article I establish the framework for investigating restorative practice in K-12 schools as a public health intervention by integrating theories and empirical evidence from the fields of education, social epidemiology, social work, and human development. In the remaining two articles I apply this framework to school districts in California to evaluate the extent to which district level RJ policies (the second article) and robustness of RJ implementation processes within schools (the third article) explain students’ academic and health outcomes. Given the complex nature of the topic, I have also assembled a transdisciplinary dissertation committee to advise me. The committee is co-chaired by social work and social epidemiology scholars, and includes education and legal scholars.

I am also finalizing a study exploring the healthcare needs of lesbian, gay, bisexual, transgender and queer (LGBTQ) patients. Notable national efforts emphasize sexual orientation and gender identity (SOGI) data collection to increase the capacity of healthcare organizations to identify and eliminate LGBTQ healthcare disparities. During my first year of the doctoral program, I partnered with a doctoral student from the Moody College of Communication to design a mixed-methods phenomenological research (MMPR) project that focused on patients’ experiences with coming out to healthcare providers. This research, funded by the UT Health Communication Scholars Program, seeks to inform future
structural changes within the healthcare system, while prioritizing the voices and experiences of LGBTQ patients.

MMPR combines phenomenology with methods grounded in alternative paradigms. Our QUAN-PHEN design uses quantitative online survey findings with nearly 400 participants to inform in-depth phenomenological interviews. Although some survey findings are consistent with existing literature—a majority of participants reported it was important for primary healthcare providers to inquire about sexual orientation and gender identity (SOGI)—they also contradict the current best practices for SOGI data collection. Nearly one third of participants reported that not recording SOGI data would help them come out to their providers, while almost all disapproved of registrars inquiring about SOGI. Phenomenology illuminates these discrepancies by pointing to the dynamic processes, including embodiment, related to becoming visible within the healthcare system that renders LGBTQ patients invisible. Our findings have implications for research, practice, and policy. Although data collection is critical for eliminating LGBTQ health inequities, a simultaneous focus on developing healthcare providers’ critical consciousness, engaging LGBTQ communities to enhance health inequity knowledge and change agency, and forming LGBTQ community-healthcare partnerships for policy advocacy is essential.

My future work will continue to build upon the findings of these two studies. My short term goals include building on the findings of the LGBTQ study by partnering with LGBTQ communities and healthcare settings to develop an educational intervention as a step towards pursuing structural changes in support of LGBTQ health. The intervention will simultaneously target knowledge and advocacy skills among healthcare providers and LGBTQ patients. To support my work in this area I will seek funding from the Agency for Healthcare Research and Quality. I also intend to continue partnering with The University of Texas at Austin Institute for Restorative Justice and Restorative Dialogue to evaluate the health effects of restorative practices implementation throughout Texas. I will seek funding from the Robert Wood Johnson Foundation and the NIH K01 Mentored Research Scientist Development Award. Eventually, I intend to secure R01 funding for both prongs of my research agenda.

Research that is grounded in ecosocial theory and that targets social determinants of health requires a broad range of skills. During my doctoral training I developed skills in HLM and phenomenology, believing that the methods were particularly useful for studying embodiment (as defined by ecosocial theory). Community partnerships are equally important, given the contextual nature of the embodiment pathways. In addition to completing the Community Based Participatory Research (CBPR) course with Dr. Melissa Smith and Dr. Miyong Kim—nationally recognized CBPR experts—I am also developing CBPR skills by completing a community health needs assessment in two rural Texas communities. A research partner and I are completing this work on behalf of the local public health department. I intend to continue developing my quantitative, qualitative, CBPR and mixed methods research skills through continued education and partnership with researchers from diverse disciplines.

I am passionate about eliminating health inequities. While social work is ideally positioned to lead the research and interventions targeting social determinants of health, several social work scholars, including the authors of the Grand Challenges for Social Work paper Health equity: Eradicating health inequalities for future generations, have highlighted our profession’s absence from these efforts. I ultimately hope to help social work profession reclaim our historical commitment to addressing social determinants of health and become important contributors to the national efforts to eliminate health inequities.