



## *Comparative Effectiveness Review Disposition of Comments Report*

**Title:** Achieving Health Equity in Preventive Services

Draft report available for public comment from June 19, 2019 to August 17, 2019.

**Citation:** Nelson HD, Cantor A, Wagner J, Jungbauer R, Quiñones A, Fu R, Stillman L, Kondo K. Achieving Health Equity in Preventive Services. Comparative Effectiveness Review No. 222. (Prepared by the Pacific Northwest Evidence-based Practice Center under Contract No. 290-2015-00009-I.) AHRQ Publication No. 20-EHC002-EF. Rockville, MD: Agency for Healthcare Research and Quality; December 2019. Posted final reports are located on the Effective Health Care Program [search page](#). DOI: <https://doi.org/10.23970/AHRQEPCCER222>.

### **Comments to Draft Report**

The Effective Health Care (EHC) Program encourages the public to participate in the development of its research projects. Each draft report is posted to the EHC Program Web site or AHRQ Web site for public comment for a 3- to 4-week period. Comments can be submitted via the website, mail, or email. At the conclusion of the public comment period, authors use the commentators' comments to revise the draft report.

Comments on draft reports and the authors' responses to the comments are posted for public viewing on the Web site approximately 3 months after the final report is published. Comments are not edited for spelling, grammar, or other content errors. Each comment is listed with the name and affiliation of the commentator, if this information is provided. Commentators are not required to provide their names or affiliations in order to submit suggestions or comments.

This document includes the responses by the authors of the report to comments that were submitted for this draft report. The responses to comments in this disposition report are those of the authors, who are responsible for its contents, and do not necessarily represent the views of the Agency for Healthcare Research and Quality.



Commentator & Affiliation	Section	Comment	Response
Seraphine Lambert	Evidence Summary	The purpose states the importance of the review and is easily found.	Thank you for your comment.
Seraphine Lambert	Introduction	Background information supports the argument regarding the existence of health disparities in specific populations. The question format allows the reader to determine the exact guidelines that are addressed.	Thank you for your comment.
Seraphine Lambert	Methods	The two investigator review process ensured data accuracy. The grading system for the evidence appeared to lack clarity-the specific tool used to determine the grade.	Details of the grading methods are provided in Appendix E of the report.
Seraphine Lambert	Results	The results were presented well.	Thank you for your comment.
Seraphine Lambert	Discussion	The exclusion of other pertinent preventive services was addressed as a limitation, which informs the reader that many important services were omitted from the review (for example-awareness of sickle cell trait status-or other carrier states).	Correct, the scope of the review is limited to 10 preventive services for cancer, cardiovascular disease, and diabetes. These were the focus of the NIH Workshop.
Seraphine Lambert	Abbreviations and Acronyms	The list of abbreviations and acronyms appear appropriately addressed.	Thank you for your comment.
Seraphine Lambert	References	Most of the references appeared recent (within the last 5 to 7 years)	Correct, most studies were recently published and are relevant to current clinical practice.
Seraphine Lambert	Appendixes	The appendixes appear very difficult to find in the review or missing.	Several appendixes accompany the report to provide additional supporting material.
Seraphine Lambert	General Comments	The review addresses very important issues. Considering the advancement in genomics, genetic counseling would allow informed decision making to prevent disease.	Currently, there is one recommendation from the US Preventive Services Task Force that concerns genetic counseling (BRCA-related cancer). However, this was not included as one of the 10 preventive services for this review.

Source: <https://effectivehealthcare.ahrq.gov/products/health-equity-preventive/research>

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Commentator & Affiliation	Section	Comment	Response
Jacob Marzalik: American Psychological Association		Thank you for providing the opportunity to comment on AHRQ’s draft evidence report/technology assessment Achieving Health Equity in Preventive Services. This report highlights the urgent need for more research to ensure that patients from all backgrounds are receiving evidence-based preventive services for individuals with cardiovascular diseases, cancer, and diabetes. Psychologists have raised concerns about the lack of research with various ethnic minority groups and other diverse populations and are especially interested in subgroup analyses that will aid professionals in identifying the efficacy and effectiveness of interventions for diverse populations.	Thank you for your comment.
American Psychological Association		We are concerned that studies only enrolling individuals with disabilities or individuals with severe and persistent mental illness or cognitive impairment were specifically excluded from the review as those individuals are also documented to be adversely affected by disparities. We recognize that methodological reasons may have driven this exclusion but urge AHRQ to include these populations in future reviews and reports on this topic.	This is an important suggestion for future reviews about health disparities.
American Psychological Association		For instance, populations who are Deaf/Hard-of-Hearing, Blind, or Deaf-Blind are adversely affected by health disparities (e.g., Rotoli, Grenga, Halle, Nelson, & Wink, 2019). Individuals with disabilities, such as Deaf/Hard-of-Hearing and Blind, reported that alternative formats need to be considered and incorporated to ensure patients with disabilities have the equal opportunity to participate in precision medicine research (Sabatello et al., 2019a; Sabatello, Chen, Zhang, & Appelbaum, 2019b).	This is an important suggestion for future reviews about health disparities.
American Psychological Association		Similar concerns can be raised for those with mobility limitations or cognitive impairments and alternative formats or accommodations may be needed for those individuals to participate in research.	This is an important suggestion for future reviews about health disparities.
American Psychological Association		This report could highlight the need for research to be conducted in a manner that ensures that all patients are able to participate.	This point is discussed in the Future Research Needs section of the report.

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American Psychological Association		The following are suggested edits to be made in the document: "Counseling" and "Counselling" are both accepted variations in spelling. We suggest choosing one and apply throughout document for consistency.	The spelling has been changed in the revised document so it is consistent throughout.
Rashi Venkataraman: America's Health Insurance Plans		See attached letter.	Thank you for your information about how health insurers are trying to reduce disparities in preventive services.
Julia Charles: Centers for Disease Control and Prevention		CDC appreciates the opportunity to provide input on the Health Equity Evidence Review undertaken by AHRQ on behalf of NIH.	Noted.
Julia Charles: Centers for Disease Control and Prevention		In particular, subject matter experts from CDC's Office on Smoking and Health reviewed the language specific to Barriers to Smoking Cessation found on pages 29-30 of the evidence review document. CDC does not have any comments/feedback about the two studies included or broader language regarding barriers specific to the African-American population. However, CDC recommends discussing disparities in cessation behaviors that affect additional populations—based on race/ethnicity; gender/sexual orientation; and also socio-economic status, which would include those who are uninsured or covered under Medicaid.	The evidence review sought to include studies of any population subject to disparities. However, few studies have been published.
Julia Charles: Centers for Disease Control and Prevention		Several such disparities were identified in a 2017 CDC study that examined trends in cessation behaviors among adults who smoke cigarettes during 2000-2015 using data from the National Health Interview Survey (NHIS) and the NHIS Cancer Control Supplement ( <a href="https://wwwdev.cdc.gov/mmwr/volumes/65/wr/mm6552a1.htm?s_cid=mm6552a1_w">https://wwwdev.cdc.gov/mmwr/volumes/65/wr/mm6552a1.htm?s_cid=mm6552a1_w</a> ).	This study describes associations and trends in smoking cessation and was reviewed for inclusion. However, it does not meet eligibility criteria for the five specific Key Questions of the review.

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Julia Charles: Centers for Disease Control and Prevention		For example, the study found that adults who smoke and lacked health insurance were less likely than their privately insured counterparts to receive advice to quit from a health professional, to use cessation counseling and/or medication, and to successfully quit. Adults who smoke who were enrolled in Medicaid were also less likely than privately insured adults who smoke to have successfully quit. In addition, Hispanic smokers were less likely than white smokers to receive advice to quit from a health professional and to use cessation counseling and/or medication. And, gay/lesbian/bisexual smokers were less likely than straight smokers to report using counseling and/or medication.	This study describes associations and trends in smoking cessation and was reviewed for inclusion. However, it does not meet eligibility criteria for the five specific Key Questions of the review.
Julia Charles: Centers for Disease Control and Prevention		The study briefly mentions some potential explanations for these disparities. All of these disparities are important from a health equity perspective, since they impact the ability of members of these populations to quit smoking and thereby reduce their risk of developing smoking-related diseases.	This study describes associations and trends in smoking cessation and was reviewed for inclusion. However, it does not meet eligibility criteria for the five specific Key Questions of the review.
Julia Charles: Centers for Disease Control and Prevention		Including studies and related analyses that address barriers specific to other subpopulations will help strengthen the systematic review overall and would be of benefit to the field.	Correct, although few studies are available that actually describe the effect of barriers on use of preventive services.

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