



## Topic Brief: Quality Improvement Interventions to Address Health Disparities

**Date:** 12/27/2021

**Nomination Number:** 0960

**Purpose:** This topic brief summarizes information addressing a topic nomination submitted on the AHRQ Effective Health Care Program website on October 19, 2021. This information was used to inform the Evidence-Based Practice Center (EPC) Program’s decisions about whether to produce an evidence review on this topic and if so, what type of evidence product would be most appropriate.

**Issue:** The Centers for Disease Control and Prevention (CDC) identifies health disparities as, “preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.”<sup>1</sup> Wide disparities in mental health, chronic disease burden, and maternal mortality based on sex, race/ethnicity and socioeconomic status persist in the United States. This topic nomination is a request for an update of the 2012 AHRQ report on the effectiveness of interventions to reduce health disparities among adults with different social risk factors living with common chronic conditions.<sup>2</sup>

**Program Decision:** Due to the breadth of this topic, AHRQ will commission two technical briefs as a first step to map the broad spectrum of interventions to mitigate health disparities and/or improve health outcomes among adults with racial, ethnic and socioeconomic disparities in health and healthcare. To sign up for notification when this and other Effective Health Care (EHC) Program evidence reviews are posted for public comment, please go to <https://effectivehealthcare.ahrq.gov/email-updates>.

### Key Findings

- Thirty-four published and in-progress reviews and 63 published and in-progress primary studies addressed key question (KQ) 1 of the nomination. No reviews or primary studies addressed interventions to reduce disparities in the treatment of pneumonias, and cystic fibrosis and in the uptake of pneumococcal vaccination. Furthermore, none of the identified publications addressed interventions geared towards disparities related to sexual orientation or addressed process-of-care outcomes.
- No reviews or primary studies addressed KQ2 pertaining to harms associated with strategies to improve health outcomes and/or reduce health disparities among adults with different social risk factors and clinical conditions of interest.

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### Background

Health disparities refer to differences in health outcomes across populations. As more specifically defined by Healthy People 2020,<sup>1</sup> a health disparity is “a particular type of health difference that is closely linked to social, economic, and/or environmental disadvantage [that] adversely affects groups of people who have systematically experienced greater obstacles to health based on the racial or ethnic group, religion, socioeconomic status, gender, age, mental health, sexual orientation, or gender identity.” Using health disparities based on race/ethnicity as an example, Americans of color have experienced deep and persistent health disparities in the United States. Specifically, Black and American Indian/Alaska Native people on average live fewer years than White Americans. They are also more likely to develop preventable chronic conditions such as asthma, cancer, cardiovascular disease, and diabetes, and are also more likely to die from treatable diseases, more likely to suffer serious pregnancy related complications, and experience higher rates of infant morbidity and mortality.<sup>3</sup>

In January 2021 President Biden signed an Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government.<sup>4</sup> The Presidential Health Equity Task Force November 2021 report provided a broad range of recommendations for reducing health disparities and improving health outcomes among racial/ethnic minorities and other populations with social risk factors.<sup>5</sup> While the importance of implementing interventions to address the existing health disparities is widely recognized, uncertainty exists regarding the effectiveness of different interventions to address these disparities. This nomination is a request for an update of the 2012 AHRQ report on quality improvement interventions to address health disparities and/or improve health outcomes.<sup>2</sup> An updated review would examine the effectiveness of different interventions to address disparities based on sex, sexual orientation, race/ethnicity, socioeconomic status (including health insurance status) and health literacy and linguistic barriers among vulnerable populations experiencing key medical conditions.

### **Nomination Summary**

This brief addresses a topic nomination from Denver Health, a member of the AHRQ Learning Health System Panel. The nominator is requesting an update to the 2012 AHRQ report on quality improvement interventions to address health disparities.<sup>2</sup> However the nominator noted that the inclusion criteria were stringent and that many relevant and useful studies were not included. For this systematic review, the nominator wishes to expand the scope to include both controlled and uncontrolled studies focusing not only on interventions to reduce health disparities, but also interventions that are more broadly geared towards improving health outcomes in disadvantaged groups.

After initial assessment additional input from Federal agencies affirmed the importance of the topic and general scope. Suggestions were made to consider expanding beyond the set of clinical conditions, considering other types of disparities, and considering the intersectionality of other factors such as gender, LGBTQI+ status geographic location (rural vs. urban).

### **Scope**

**Key Question 1.** What is the effectiveness of strategies to improve health outcomes and to reduce health disparities among people with different social risk factors and key conditions?

**Key Question 2.** What are the harms related to strategies to improve health outcomes and to reduce health disparities among people with different social risk factors and key conditions?

**Table 1.** Population, Intervention, Comparator, Outcomes, Timing, and Settings (PICOTS) (adapted with changes from the 2012 AHRQ report<sup>2</sup>)

<p><b>Population</b></p>	<p>Individuals with different social risk factors (listed below) receiving health care for the following clinical conditions:</p> <ul style="list-style-type: none"> <li>a) Asthma</li> <li>b) Cancer (including cancer care and screening services)             <ul style="list-style-type: none"> <li>i. Colorectal cancer</li> <li>ii. Breast cancer</li> </ul> </li> <li>c) Cardiovascular disease             <ul style="list-style-type: none"> <li>i. Congestive heart failure</li> <li>ii. Coronary artery disease (including ischemic heart disease, myocardial infarction, and acute coronary syndrome)</li> <li>iii. Hypertension</li> </ul> </li> <li>d) Cystic fibrosis</li> <li>e) Major depressive disorder</li> <li>f) Diabetes</li> <li>g) End-stage renal disease</li> <li>h) Pneumonia (including pneumococcal vaccination)</li> <li>i) Pregnancy</li> </ul> <p><i>Social risk factors associated with health disparities, such as:</i></p> <ul style="list-style-type: none"> <li>• Sex</li> <li>• Sexual orientation</li> <li>• Race/ethnicity</li> <li>• Socioeconomic status</li> <li>• Insurance status</li> <li>• Health literacy/numeracy and/or language barrier</li> </ul>
<p><b>Intervention</b></p>	<p>Will include the following interventions or combinations of interventions.</p> <p>1. Patient and provider level interventions:</p> <ul style="list-style-type: none"> <li>• <i>Patient education</i> (e.g., patient education delivered through classes or informational pamphlets, parent and family education, patient education re self-management of chronic conditions etc.)</li> <li>• <i>Clinician education</i> (e.g., workshops and conferences, educational outreach visits, distribution of educational materials etc.)</li> <li>• <i>Promotion of self-management</i> (e.g., educational materials, use of remote monitoring and other electronic devices)</li> <li>• <i>Audit and feedback</i> (e.g., performance feedback for individual clinicians, implementing quality indicators/reports, national/state healthcare quality and disparities report cards, benchmarking – comparing outcomes data from individual clinicians to top-performers’ data)</li> <li>• <i>Facilitated relay of clinical data between providers</i> (e.g., streamlined transmission of clinical data between specialists and primary care providers by means other than the medical record, ex through direct phone calls)</li> <li>• <i>Patient reminder systems</i> (e.g., phone calls/messaging using automated patient reminder software)</li> <li>• <i>Clinician reminder systems</i> (e.g., computer-based chart reminders, registry reminders, computer-based decision supports)</li> <li>• <i>Interventions to improve clinician adherence to clinical guideline recommendations</i></li> </ul>

	<p>2. Organizational level interventions:</p> <ul style="list-style-type: none"> <li>• <i>Care delivery process-based interventions</i> (e.g., multidisciplinary care teams, optimizing care team staffing, improving EHR systems, total quality management/cycles of quality improvement interventions, disease specific management pathways)</li> <li>• <i>Care delivery models-based interventions</i> (e.g., collaborative care models, integrating mental health and primary care services etc.)</li> </ul>
<b>Comparator</b>	Standard care or use of an alternative strategy or strategies
<b>Outcomes</b>	<p>Disparities sensitive outcomes recommended in the 2017 NQF report,<sup>6</sup> including but not limited to the following:</p> <p><b>KQ 1:</b></p> <ul style="list-style-type: none"> <li>• <i>Health outcome measures</i> (e.g., disease specific morbidity and mortality, proportion of patients who achieved guideline recommended blood pressure control, proportion of patients who achieved guideline recommended HgbA1C levels, proportion of patients with MDD remission at 6 months etc.)</li> <li>• <i>Process of care measures</i> (e.g., proportion of patients with documented depression screening and follow-up plans, proportion of diabetic patients with documented eye/foot exams, proportion of patients with CKD with documented advance care plans, neonatal immunization administration rate, etc.)</li> <li>• <i>Care utilization outcome measures</i> (e.g., rates of readmission for CHF patients, excess days in acute care post hospitalization for acute MI, rates of readmission for long-term complications of diabetes, etc.)</li> </ul> <p><b>KQ 2:</b></p> <ul style="list-style-type: none"> <li>• <i>Harms</i> (e.g., unintended negative consequences, including misallocation of effort, decreased patient satisfaction, etc.)</li> </ul>
<b>Timing</b>	Any
<b>Setting</b>	Inpatient and outpatient, United States

Abbreviations: BP=blood pressure; CHF=congestive heart failure; CKD=chronic kidney disease; EHR=electronic health record; HgbA1C=hemoglobin A1C; HTN=hypertension; MDD=major depressive disorder; MI=myocardial infarction; NQF=national policy forum; PCI=percutaneous intervention; PQI 03=prevention quality indicator 03; STEMI=ST segment elevation myocardial infarction.

**Assessment Methods**

See Appendix A.

**Summary of Literature Findings**

Our literature search identified 2,021 relevant citations of which we reviewed a sample of approximately 600 titles and abstracts, comprised of 157 systematic and other reviews and approximately 450 primary studies.

For KQ1, we found 34 published and in-progress reviews,<sup>2, 7-44</sup> including 24 published<sup>2, 7-16, 21, 25, 26, 30-35, 38, 39, 41, 42</sup> and two in-progress<sup>43, 44</sup> systematic reviews,<sup>2, 7-16, 25, 26, 30-35, 38, 39, 41, 42</sup> one secondary analysis of systematic review data,<sup>36</sup> two scoping reviews,<sup>22, 27, 29 24</sup> one integrative review,<sup>37</sup> and one systematic<sup>40</sup> and two scoping review protocols<sup>23, 28</sup> addressed KQ1 pertaining to the effectiveness of strategies to improve health outcomes and to reduce health disparities among adults with different social risk factors and select clinical conditions. While the aforementioned reviews addressed the effectiveness of interventions to improve care quality and/or reduce health disparities in screening and prevention of colorectal and breast cancers,

coronary artery disease, hypertension, diabetes, end-stage kidney disease, and pregnancy management, none of the reviews examined interventions related to the management of congestive heart failure, cystic fibrosis, pneumonias and depression. We found four primary studies addressing interventions related to the treatment and prevention of congestive heart failure and three primary studies addressing the management of depression.<sup>45-48</sup> No primary studies addressed interventions related to either the treatment of cystic fibrosis, asthma or pneumonias or the uptake of pneumococcal vaccination. We additionally identified 57 in-progress clinical trials<sup>49-94</sup> addressing most of the conditions of interest.

Most of the reviews and primary studies focused on the effectiveness of interventions geared towards addressing health disparities related to race/ethnicity, sex, socioeconomic status (including health insurance status), and health literacy. None of the reviews addressed health disparities related to sexual orientation. The majority of the reviews and primary studies focused on patient health and quality of life outcomes, and some also examined care utilization and cost outcomes. None of the identified publications assessed harms related to different interventions (KQ2).

**Table 2.** Literature identified for each Question

Key Questions	Systematic reviews (12/2018-12/2021)	Primary studies (12/2016-12/2021)
KQ1. Effectiveness of strategies to improve health outcomes/ reduce disparities	Total published and in-progress KQ1 reviews: 34 <sup>2, 7-44</sup>  Systematic reviews – 24 <sup>2, 7-16, 21, 25, 26, 30-35, 38, 39, 41, 42</sup>  In-progress AHRQ reviews – 2 <sup>43, 44</sup> Secondary analyses of SR data – 1 <sup>36</sup> Scoping reviews – 3 <sup>22, 27, 29</sup> Scoping review protocols – 2 <sup>23, 28</sup> Systematic review protocols – 1 <sup>40</sup> Integrative reviews – 1 <sup>37</sup>	Total published and in-progress KQ1 studies: 63 <sup>45-102</sup>  RCTs – 4 <sup>45-48</sup> Secondary RCT data analyses – 1 <sup>101</sup> Cohort studies – 1 <sup>95</sup> Mixed methods studies – 1 <sup>102</sup> Clinicaltrials.gov trials – 57 <sup>49-94</sup>
	<b>Colorectal cancer screening</b>	
	Total: 11 <sup>2, 7-16</sup> Systematic reviews – 10 <sup>7-16</sup> AHRQ reviews – 1 <sup>2</sup>	Clinicaltrials.gov: 6 <sup>49-54</sup> • Recruiting – 3 <sup>49-51</sup> • Not yet recruiting – 3 <sup>52-54</sup>
	<b>Colorectal cancer treatment</b>	
	Total: 0	Clinicaltrials.gov: 1 <sup>55</sup> • Recruiting – 1 <sup>55</sup>
	<b>Breast cancer screening</b>	
	Total: 10 <sup>2, 16-24</sup> Systematic reviews – 6 <sup>16-21</sup> AHRQ reviews – 1 <sup>2</sup> Scoping reviews – 1 <sup>22</sup> Scoping review protocols – 1 <sup>23</sup> Narrative reviews – 1 <sup>24</sup>	Clinicaltrials.gov: 5 <sup>56-60</sup> • Recruiting – 3 <sup>56-58</sup> • Not yet recruiting – 2 <sup>59, 60</sup>
	<b>Breast cancer treatment</b>	
	Total: 0	Clinicaltrials.gov: 7 <sup>61-67</sup> • Recruiting – 7 <sup>61-67</sup>
	<b>CHF prevention and treatment</b>	
Total: 0	Total: 4 <sup>45-47, 95</sup> RCT – 3 <sup>45-47</sup>	

Key Questions	Systematic reviews (12/2018-12/2021)	Primary studies (12/2016-12/2021)
		Retrospective cohort – 1 <sup>95</sup> Clinicaltrials.gov: 0
<b>CAD treatment</b>		
	Total: 2 <sup>25, 26</sup> Systematic reviews – 2 <sup>25, 26</sup>	Clinicaltrials.gov: 0
<b>CAD prevention</b>		
	Total: 1 <sup>2</sup> AHRQ reviews – 1 <sup>2</sup>	Clinicaltrials.gov: 2 <sup>68, 69</sup> • Not yet recruiting – 2 <sup>68, 69</sup>
<b>HTN prevention</b>		
	Total: 1 <sup>2</sup> AHRQ reviews – 1 <sup>2</sup>	Clinicaltrials.gov: 1 <sup>70</sup> Recruiting – 1 <sup>70</sup>
<b>HTN treatment</b>		
	Total: 1 <sup>27</sup> Scoping reviews – 1 <sup>27</sup>	Clinicaltrials.gov: 11 <sup>71-76</sup> • Recruiting: 6 <sup>71-76</sup> • Not yet recruiting – 5 <sup>68, 96-99</sup>
<b>Diabetes prevention</b>		
	Total: 4 <sup>2, 28-30</sup> Systematic reviews – 1 <sup>30</sup> AHRQ reviews – 1 <sup>2</sup> Scoping reviews – 1 <sup>29</sup> Scoping review protocol – 1 <sup>28</sup>	Clinicaltrials.gov: 4 <sup>77-80</sup> • Recruiting – 2 <sup>77, 78</sup> • Not yet recruiting – 2 <sup>79, 80</sup>
<b>Diabetes treatment</b>		
	Total: 7 <sup>31-37</sup> Systematic reviews – 5 <sup>31-35</sup> Secondary analysis of systematic review – 1 <sup>36</sup> Integrative reviews – 1 <sup>37</sup>	Clinicaltrials.gov: 14 <sup>74-76, 81-91</sup> • Recruiting – 11 <sup>74-76, 81-88</sup> • Not yet recruiting – 3 <sup>89-91</sup>
<b>End-stage kidney disease treatment</b>		
	Total: 2 <sup>38, 39</sup> Systematic reviews – 2 <sup>38, 39</sup>	Clinicaltrials.gov: 3 <sup>75, 92</sup> • Recruiting – 2 <sup>75, 92</sup> • Not yet recruiting – 1 <sup>100</sup>
<b>Pneumonia treatment</b>		
	Total: 0 <sup>103</sup> 103	Total: 0 Clinicaltrials.gov: 0
<b>Asthma treatment</b>		
	Total: 1 <sup>40</sup> Systematic review protocols – 1 <sup>40</sup>	Total: 0 Clinicaltrials.gov: 0
<b>Cystic fibrosis treatment</b>		
	Total: 0	Total: 0 Clinicaltrials.gov: 0
<b>Depression treatment</b>		
	Total: 0	Total: 3 <sup>48, 101, 102</sup> RCT – 1 <sup>48</sup> Secondary RCT data analysis – 1 <sup>101</sup> Mixed methods study – 1 <sup>102</sup> Clinicaltrials.gov: 0
<b>Pregnancy management</b>		
	Total: 4 <sup>41-44</sup>	Clinicaltrials.gov: 3 <sup>91, 93, 94</sup>

Key Questions	Systematic reviews (12/2018-12/2021)	Primary studies (12/2016-12/2021)
	Systematic reviews – 2 <sup>41,42</sup> (1 SR of interventions to prevent teenage pregnancies <sup>41</sup> , 1 Cochrane systematic review of interventions in high-risk pregnancies <sup>42</sup> ) AHRQ in-progress reports – 2 <sup>43, 44</sup>	Recruiting 3 <sup>91, 93, 94</sup> (2 trials of interventions to reduce disparities in pregnancy outcomes <sup>91, 93</sup> , 1 trial of interventions to prevent teenage pregnancies <sup>94</sup> )
	<b>Pneumococcal vaccination</b>	
	Total: 0	Total: 0
KQ2. Harms related to strategies to improve health outcomes/to reduce disparities	Total KQ2 reviews: 0	Total KQ2 studies: 0

Abbreviations: AHRQ=agency for healthcare research and quality; CAD=coronary artery disease; CHF=congestive heart failure; HTN=hypertension; KQ=key question; RCT=randomized controlled trial.

### Summary of Selection Criteria Assessment

We identified multiple published and in-progress reviews and primary studies that address a large subset of the nomination's key questions. However, we also identified several conditions that were not addressed, with limited literature addressing the management of pneumonias, asthma, and congestive heart failure, and none of the reviews addressed the treatment and prevention of depression and interventions to increase uptake of pneumococcal vaccination. Furthermore, most of the identified publications focused interventions to reduce disparities based on race/ethnicity, sex, socioeconomic status, and health literacy related barriers, and examined predominantly clinical and cost-effectiveness related outcomes. None of the reviews or primary studies assessed interventions to address health disparities based on sexual orientation or explicitly examined process of care and harm related outcomes.

Please see Appendix B for detailed assessments of individual EPC Program selection criteria.

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## Appendix A: Methods

We assessed nomination for priority for a systematic review or other AHRQ Effective Health Care report with a hierarchical process using established selection criteria. Assessment of each criteria determined the need to evaluate the next one. See Appendix B for detailed description of the criteria.

### Appropriateness and Importance

We assessed the nomination for appropriateness and importance.

### Desirability of New Review/Absence of Duplication

We searched for high-quality, completed or in-process evidence reviews published in the last three years on December 9, 2021, on the questions of the nomination from these sources:

- AHRQ: Evidence reports and technology assessments
  - AHRQ Evidence Reports <https://www.ahrq.gov/research/findings/evidence-based-reports/index.html>
  - EHC Program <https://effectivehealthcare.ahrq.gov/>
  - US Preventive Services Task Force <https://www.uspreventiveservicestaskforce.org/>
  - AHRQ Technology Assessment Program <https://www.ahrq.gov/research/findings/ta/index.html>
- US Department of Veterans Affairs Products publications
  - Evidence Synthesis Program <https://www.hsrd.research.va.gov/publications/esp/>
  - VA/Department of Defense Evidence-Based Clinical Practice Guideline Program <https://www.healthquality.va.gov/>
- Cochrane Systematic Reviews <https://www.cochranelibrary.com/>
- University of York Centre for Reviews and Dissemination database <https://www.crd.york.ac.uk/CRDWeb/>
- PROSPERO Database (international prospective register of systematic reviews and protocols) <http://www.crd.york.ac.uk/prospero/>
- PubMed <https://www.ncbi.nlm.nih.gov/pubmed/>
- Campbell Collaboration <http://www.campbellcollaboration.org/>
- McMaster Health System Evidence <https://www.healthsystemevidence.org/>
- UBC Centre for Health Services and Policy Research <http://chspr.ubc.ca/>
- Joanna Briggs Institute <http://joannabriggs.org/>
- WHO Health Evidence Network <http://www.euro.who.int/en/data-and-evidence/evidence-informed-policy-making/health-evidence-network-hen>
- PCORI
- Andrew W. Mellon Foundation
- Bill & Melinda Gates Foundation
- David & Lucille Packard Foundation
- Ford Foundation
- John D. & Catherine T Macarthur Foundation
- Kaiser Family Foundation
- Robert Wood Johnson Foundation
- William & Flora Hewlett Foundation
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## Impact of a New Evidence Review

The impact of a new evidence review was qualitatively assessed by analyzing the current standard of care, the existence of potential knowledge gaps, and practice variation. We considered whether it was possible for this review to influence the current state of practice through various dissemination pathways (practice recommendation, clinical guidelines, etc.).

## Feasibility of New Evidence Review

We conducted a literature search in Medline, Cochrane Central Register of Controlled Trials (Ovid EBM Review), PsycInfo, ClinicalTrials.gov, and Epistemonikos from the last five years on December 9, 2021, on parts of the nomination scope not addressed by identified systematic reviews. We reviewed approximately 450 titles and abstracts from the search yield of 2,021 citations for inclusion and classified identified studies by question and study designed to estimate the size and scope of potential evidence review. Search strategy for each database is included below.

MEDLINE ALL (Ovid) searched December 9, 2021
Date searched: December 9, 2021
1 *"Health Disparity, Minority and Vulnerable Populations"/ or *Healthcare Disparities/ or *Health Equity/ or *Health Status Disparities/ or *Social Determinants of Health/ (27578)
2 ("social determinant" or "social determinants" or disparit* or inequal* or unequal or equal or inequit* or equity or equitable).ti. (53056)
3 or/1-265249)
4 *Quality Assurance, Healthcare/ or *Quality Improvement/ or *Quality of Health Care/ or *Delivery of Healthcare/ or *Health Promotion/ or *Health Services Accessibility/ (234179)
5 (decreas* or efficacy or effectiveness or evaluat* or facilitat* or improv* or increas* or project\$1 or program* or quality or reduc* or screen\$3 or strateg* or uptake).ti. (2694333)
6 or/4-5 (2849725)
7 Transgendered persons/ or health services for transgendered persons/ or Homosexuality/ or Homosexuality, male/ or Homosexuality, female/ or Bisexuality/ or Transsexualism/ (39340)
8 (bisexual* or gay\$1 or homosexual* or LGBT* or lesbian* or "men who have sex with men" or MSM or transgender* or transsexual*).ti. (26661)
9 exp Socioeconomic factors/ or homeless persons/ or "transients and migrants"/ (497384)
10 (Socio-demographic* or Sociodemographic* or socioeconomic* or socio-economic* or SES or sociocultural* or socio-cultural* or poverty or indigent or income or inner-city or ((economic or lower or social or working) adj class\$2) or disadvantaged).ti. (68720)
11 Medically Uninsured/ or (uninsured or underinsured).ti. (8177)
12 "Ethnic and Racial Minorities"/ or exp Ethnicity/ or Minority groups/ or exp Racial Groups/ or African Americans/ or "American Indians or Alaska Natives"/ or Asian Americans/ or Hispanic Americans/ (176276)
13 (Ethnic* or multiethnic or race\$1 or racial* or minorit\$3 or AAPI\$1 or BIPOC or American\$1 or Black\$1 or Hispanic\$1 or Chicano\$1 or Chicana\$1 or Latina\$1 or Latino\$1 or Latinx or Hispanic\$1 or (Native adj2 (Alaska* or Hawaii*)) or indigenous or Indian\$1 or "United States" or US or USA or (vulnerable adj (group\$1 or people\$1 or population\$1))).ti. (420144)
14 Health Literacy/ or (literacy or illiterat* or numeracy or innumerac*).ti. (12529)
15 Communication Barriers/ or (((communication or language) adj2 barrier*) or "english as a second language" or immigrant\$1 or refugee\$1 or speaking).ti. (32620)
16 or/7-15 (1045607)
17 exp *Colorectal Neoplasms/ or (colorectal adj3 (cancer* or carcinoma\$1 or malignan* or neoplasm* or tumor\$1)).ti. (199728)
18 exp *Breast Neoplasms/ or (breast adj3 (cancer* or carcinoma\$1 or malignan* or neoplasm* or tumor\$1)).ti. (309784)

19 exp \*Heart Failure/ or "heart failure".ti. (117538)  
 20 \*myocardial ischemia/ or \*acute coronary syndrome/ or exp \*myocardial infarction/ or ("acute coronary" or "myocardial infarction" or "myocardial infarctions" or (coronary adj2 disease) or "ischemic heart disease").ti. (249539)  
 21 exp \*Hypertension/ or ("high blood pressure" or hypertens\*).ti. (264657)  
 22 \*Cystic Fibrosis/ or "cystic fibrosis".ti. (35770)  
 23 \*Depressive Disorder, Major/ or major depress\*.ti. (33923)  
 24 exp \*Diabetes Mellitus/ or diabet\*.ti. (440131)  
 25 \*Kidney Failure, Chronic/ or ("kidney failure" or "end stage renal" or "end stage kidney" or ESRD or ESKD).ti. (72155)  
 26 exp \*Pneumonia/ or (pneumonia\* or (pneumococcal adj2 vaccination\*)).ti. (222363)  
 27 exp \*Pregnancy/ or (gestation\* or pregnan\*).ti. (371115)  
 28 or/17-27 (2361314)  
 29 and/6,16,28 (15273)  
 30 and/3,28 (7963)  
 31 or/29-30 (22066)  
 32 limit 31 to english language (21484)  
 33 32 not (comment or editorial or letter or news).pt. (19649)  
 34 33 not (Africa or Australia\$2 or British or Canada or Canadian or Caribbean or China or coronavirus or COVID or England or Europe or European\$1 or France or Japan or (income adj1 (country or countries or setting\$1)) or India or kingdom or NHS or Portugal or Saudi or Sub-Saharan or UK).ti. (16688)  
 35 limit 34 to yr="2018 - 2022" (4389)  
 36 35 and ((meta-analysis or "systematic review").pt. or (meta-anal\* or metaanal\* or ((evidence or scoping or systematic) adj3 (review or synthesis))).ti.) (167)  
 37 limit 34 to yr="2016 - 2022" (6244)  
 38 37 and ((controlled clinical trial or randomized controlled trial).pt. or (controlled or random\* or trial).ti.) (499)  
 39 37 and (Case-Control Studies/ or Cohort Studies/ or Controlled Before-After Studies/ or Interrupted Time Series Analysis/ or (evaluation study or observational study).pt. or (case-control or cohort\$1 or "controlled before-after" or "interrupted time" or observational).ti.) (787)

**Cochrane Central Register of Controlled Trials searched December 9, 2021**

Date searched: December 9, 2021

1 "Health Disparity, Minority and Vulnerable Populations"/ or Healthcare Disparities/ or Health Equity/ or Health Status Disparities/ or Social Determinants of Health/ (400)  
 2 ("social determinant" or "social determinants" or disparit\* or unequal\* or unequal or equal or inequit\* or equity or equitable).ti. (1623)  
 3 or/1-21 (909)  
 4 Quality Assurance, Healthcare/ or Quality Improvement/ or Quality of Health Care/ or Delivery of Healthcare/ or Health Promotion/ or Health Services Accessibility/ (9842)  
 5 (decreas\* or efficacy or effectiveness or evaluat\* or facilitat\* or improv\* or increas\* or project\$1 or program\* or quality or reduc\* or screen\$3 or strateg\* or uptake).ti. (458907)  
 6 or/4-5 (463442)  
 7 Transgendered persons/ or health services for transgendered persons/ or Homosexuality/ or Homosexuality, male/ or Homosexuality, female/ or Bisexuality/ or Transsexualism/ (599)  
 8 (bisexual\* or gay\$1 or homosexual\* or LGBT\* or lesbian\* or "men who have sex with men" or MSM or transgender\* or transsexual\*).ti. (1259)  
 9 exp Socioeconomic factors/ or homeless persons/ or "transients and migrants"/ (10946)  
 10 (Socio-demographic\* or Sociodemographic\* or socioeconomic\* or socio-economic\* or SES or sociocultural\* or socio-cultural\* or poverty or indigent or income or inner-city or ((economic or lower or social or working) adj class\$2) or disadvantaged).ti. (3622)

- 11 Medically Uninsured/ or (uninsured or underinsured).ti. (113)
- 12 "Ethnic and Racial Minorities"/ or Ethnicity/ or Minority groups/ or Racial Groups/ or African Americans/ or "American Indians or Alaska Natives"/ or Asian Americans/ or Hispanic Americans/ (3880)
- 13 (Ethnic\* or multiethnic or race\$1 or racial\* or minorit\$3 or AAPI\$1 or BIPOC or American\$1 or Black\$1 or Hispanic\$1 or Chicano\$1 or Chicana\$1 or Latina\$1 or Latino\$1 or Latinx or Hispanic\$1 or (Native adj2 (Alaska\* or Hawaii\*)) or indigenous or Indian\$1 or "United States" or US or USA or (vulnerable adj (group\$1 or people\$1 or population\$1))).ti. (18836)
- 14 Health Literacy/ or (literacy or illiterat\* or numeracy or innumerac\*).ti. (1292)
- 15 Communication Barriers/ or (((communication or language) adj2 barrier\*) or "english as a second language" or immigrant\$1 or refugee\$1 or speaking).ti. (1241)
- 16 or/7-15 (35309)
- 17 Colorectal Neoplasms/ or (colorectal adj3 (cancer\* or carcinoma\$1 or malignan\* or neoplasm\* or tumor\$1)).ti. (12394)
- 18 Breast Neoplasms/ or (breast adj3 (cancer\* or carcinoma\$1 or malignan\* or neoplasm\* or tumor\$1)).ti. (33843)
- 19 Heart Failure/ or "heart failure".ti. (18812)
- 20 myocardial ischemia/ or acute coronary syndrome/ or myocardial infarction/ or ("acute coronary" or "myocardial infarction" or "myocardial infarctions" or (coronary adj2 disease) or "ischemic heart disease").ti. (31902)
- 21 Hypertension/ or ("high blood pressure" or hypertens\*).ti. (37147)
- 22 Cystic Fibrosis/ or "cystic fibrosis".ti. (4816)
- 23 Depressive Disorder, Major/ or major depress\*.ti. (9224)
- 24 Diabetes Mellitus/ or diabet\*.ti. (64716)
- 25 Kidney Failure, Chronic/ or ("kidney failure" or "end stage renal" or "end stage kidney" or ESRD or ESKD).ti. (5665)
- 26 Pneumonia/ or (pneumonia\* or (pneumococcal adj2 vaccination\*)).ti. (6892)
- 27 Pregnancy/ or (gestation\* or pregnan\*).ti. (36510)
- 28 or/17-27 (250125)
- 29 and/6,16,28 (2376)
- 30 and/3,28 (372)
- 31 or/29-30 (2658)
- 32 limit 31 to yr="2016 - 2022" (976)

**PsycInfo (Ovid) searched on December 9, 2021**

Date searched: December 9, 2021

- 1 ("social determinant" or "social determinants" or disparit\* or inequal\* or unequal or equal or inequit\* or equity or equitable).ti. (20903)
- 2 (decreas\* or efficacy or effectiveness or evaluat\* or facilitat\* or improv\* or increas\* or project\$1 or program\* or quality or reduc\* or screen\$3 or strateg\* or uptake).ti. (486813)
- 3 (bisexual\* or gay\$1 or homosexual\* or LGBT\* or lesbian\* or "men who have sex with men" or MSM or transgender\* or transsexual\*).ti. (27209)
- 4 (Socio-demographic\* or Sociodemographic\* or socioeconomic\* or socio-economic\* or SES or sociocultural\* or socio-cultural\* or poverty or indigent or income or inner-city or ((economic or lower or social or working) adj class\$2) or disadvantaged).ti. (40625)
- 5 (uninsured or underinsured).ti. (217)
- 6 (Ethnic\* or multiethnic or race\$1 or racial\* or minorit\$3 or AAPI\$1 or BIPOC or American\$1 or Black\$1 or Hispanic\$1 or Chicano\$1 or Chicana\$1 or Latina\$1 or Latino\$1 or Latinx or Hispanic\$1 or (Native adj2 (Alaska\* or Hawaii\*)) or indigenous or Indian\$1 or "United States" or US or USA or (vulnerable adj (group\$1 or people\$1 or population\$1))).ti. (187051)
- 7 (literacy or illiterat\* or numeracy or innumerac\*).ti. (14578)
- 8 (((communication or language) adj2 barrier\*) or "english as a second language" or immigrant\$1 or refugee\$1 or speaking).ti. (24224)

9 or/3-8 (277148)  
 10 (colorectal adj3 (cancer\* or carcinoma\$1 or malignan\* or neoplasm\* or tumor?r\$1)).ti. (1679)  
 11 (breast adj3 (cancer\* or carcinoma\$1 or malignan\* or neoplasm\* or tumor?r\$1)).ti. (8751)  
 12 "heart failure".ti. (1915)  
 13 ("acute coronary" or "myocardial infarction" or "myocardial infarctions" or (coronary adj2 disease) or "ischemic heart disease").ti. (4295)  
 14 ("high blood pressure" or hypertens\*).ti. (5277)  
 15 "cystic fibrosis".ti. (745)  
 16 major depress\*.ti. (13753)  
 17 diabet\*.ti. (15293)  
 18 ("kidney failure" or "end stage renal" or "end stage kidney" or ESRD or ESKD).ti. (450)  
 19 (pneumonia\* or (pneumococcal adj2 vaccination\*)).ti. (473)  
 20 (gestation\* or pregnan\*).ti. (18046)  
 21 or/10-20 (69511)  
 22 and/2,9,21 (1316)  
 23 and/1,21 (461)  
 24 or/22-23 (1723)  
 25 limit 24 to english language (1676)  
 26 25 not ("column/opinion" or "comment/reply" or editorial or letter).dt. (1654)  
 27 26 not (Africa or Australia\$2 or British or Canada or Canadian or Caribbean or China or coronavirus or COVID or England or Europe or European\$1 or France or Japan or (income adj1 (country or countries or setting\$1)) or India or kingdom or NHS or Portugal or Saudi or Sub-Saharan or UK).ti. (1598)  
 28 limit 27 to yr="2018 - 2022" (293)  
 29 28 and (("0830" or "1200").md. or (meta-anal\* or metaanal\* or ((evidence or scoping or systematic) adj3 (review or synthesis))).ti. (6)  
 30 limit 27 to yr="2016 - 2022" (457)  
 31 30 and ("0300".md. or (controlled or random\* or trial).ti. (35)  
 32 30 and (("0430" or "0450" or "0451" or "0453").md. or (case-control or cohort\$1 or "controlled before-after" or "interrupted time" or observational).ti. (57)

**ClinicalTrials.gov searched on December 10, 2021**

[Link](#)

Search of: Recruiting, Not yet recruiting, Active, not recruiting, Enrolling by invitation Studies | ( colorectal OR breast ) AND ( cancer OR carcinoma OR malignancy OR neoplasm OR tumor ) OR heart AND failure OR acute AND coronary OR myocardial AND infarction OR coronary AND disease OR EXPAND[Concept] "ischemic heart disease" OR EXPAND[Concept] "high blood pressure" OR hypertension OR cystic AND fibrosis OR major AND depression OR diabetes OR kidney AND failure OR EXPAND[Concept] "end stage renal" OR EXPAND[Concept] "end stage kidney" OR ESRD OR ESKD OR pneumonia\* OR pneumococcal AND vaccination OR pregnancy | ( decrease OR efficacy OR effectiveness OR evaluate OR facilitator OR improve OR increase OR project OR program OR quality OR reduce OR screen OR strategy OR uptake ) AND ( determinants OR disparity OR inequality OR unequal OR equal OR inequity OR equity OR equitable OR bisexual OR gay OR homosexual OR LGBTQ OR lesbian OR EXPAND[Concept] "men who have sex with men" OR MSM OR transgender OR transsexual OR sociodemographic OR socioeconomic OR SES OR sociocultural OR poverty OR indigent OR low-income OR inner-city OR class OR disadvantaged OR uninsured OR underinsured OR ethnic OR multiethnic OR race OR racial OR minority OR AAPI OR BIPOC OR Americans OR Black OR Hispanic OR Chicano OR Chicana OR Latina OR Latino OR Latinx OR Hispanic OR EXPAND[Concept] "Native Alaskan" OR EXPAND[Concept] "Native Hawaiian" OR indigenous OR Indian OR EXPAND[Concept] "United States" OR US OR USA OR vulnerable OR literacy OR illiterate OR

numeracy OR innumerate OR communication OR language OR ESL OR immigrant OR refugee OR speaking ) | First posted from 12/10/2018 to 12/10/2021 - List Results - ClinicalTrials.gov  
AREA[OverallStatus] EXPAND[Term] COVER[FullMatch] ( "Recruiting" OR "Not yet recruiting" OR "Active, not recruiting" OR "Enrolling by invitation" ) AND  
AREA[ConditionSearch] ( ( colorectal OR breast ) AND ( cancer OR carcinoma OR malignancy OR neoplasm OR tumor ) OR heart AND failure OR acute AND coronary OR myocardial AND infarction OR coronary AND disease OR EXPAND[Concept] "ischemic heart disease" OR EXPAND[Concept] "high blood pressure" OR hypertension OR cystic AND fibrosis OR major AND depression OR diabetes OR kidney AND failure OR EXPAND[Concept] "end stage renal" OR EXPAND[Concept] "end stage kidney" OR ESRD OR ESKD OR pneumonia\* OR pneumococcal AND vaccination OR pregnancy ) AND AREA[TitleSearch] ( ( decrease OR efficacy OR effectiveness OR evaluate OR facilitator OR improve OR increase OR project OR program OR quality OR reduce OR screen OR strategy OR uptake ) AND ( determinants OR disparity OR inequality OR unequal OR equal OR inequity OR equity OR equitable OR bisexual OR gay OR homosexual OR LGBTQ OR lesbian OR EXPAND[Concept] "men who have sex with men" OR MSM OR transgender OR transsexual OR sociodemographic OR socioeconomic OR SES OR sociocultural OR poverty OR indigent OR low-income OR inner-city OR class OR disadvantaged OR uninsured OR underinsured OR ethnic OR multiethnic OR race OR racial OR minority OR AAPI OR BIPOC OR Americans OR Black OR Hispanic OR Chicano OR Chicana OR Latina OR Latino OR Latinx OR Hispanic OR EXPAND[Concept] "Native Alaskan" OR EXPAND[Concept] "Native Hawaiian" OR indigenous OR Indian OR EXPAND[Concept] "United States" OR US OR USA OR vulnerable OR literacy OR illiterate OR numeracy OR innumerate OR communication OR language OR ESL OR immigrant OR refugee OR speaking ) ) AND AREA[StudyFirstPostDate] EXPAND[Term] RANGE[12/10/2018, 12/10/2021] (203)

#### **EPISTEMONIKOS searched on December 10, 2021**

Date searched: December 10, 2021

(title:(title:(decrease OR efficacy OR effectiveness OR evaluate OR facilitator OR improve OR increase OR project OR program OR quality OR reduce OR screen OR strategy OR uptake) AND title:(determinants OR disparity OR inequality OR unequal OR equal OR inequity OR equity OR equitable OR bisexual OR gay OR homosexual OR LGBTQ OR lesbian OR "men who have sex with men" OR MSM OR transgender OR transsexual OR sociodemographic OR socioeconomic OR SES OR sociocultural OR poverty OR indigent OR low-income OR inner-city OR class OR disadvantaged OR uninsured OR underinsured OR ethnic OR multiethnic OR race OR racial OR minority OR AAPI OR BIPOC OR Americans OR Black OR Hispanic OR Chicano OR Chicana OR Latina OR Latino OR Latinx OR Hispanic OR "Native Alaskan" OR "Native Hawaiian" OR indigenous OR Indian OR "United States" OR US OR USA OR vulnerable OR literacy OR illiterate OR numeracy OR innumerate OR communication OR language OR ESL OR immigrant OR refugee OR speaking) AND title:((colorectal OR breast) AND (cancer OR carcinoma OR malignancy OR neoplasm OR tumor)) OR (heart AND failure) OR (acute AND coronary) OR (myocardial AND infarction) OR (coronary AND disease) OR "ischemic heart disease" OR "high blood pressure" OR hypertension OR (cystic AND fibrosis) OR (major AND depression) OR diabetes OR (kidney AND failure) OR "end stage renal" OR "end stage kidney" OR ESRD OR ESKD OR (pneumonia\* OR (pneumococcal AND vaccination) OR pregnancy)) OR abstract:(title:(decrease OR efficacy OR effectiveness OR evaluate OR facilitator OR improve OR increase OR project OR program OR quality OR reduce OR screen OR strategy OR uptake) AND title:(determinants OR disparity OR inequality OR unequal OR equal OR inequity OR equity OR equitable OR bisexual OR gay OR homosexual OR LGBTQ OR lesbian OR "men who have sex with men" OR MSM OR transgender OR transsexual OR sociodemographic OR socioeconomic OR SES OR sociocultural OR poverty OR indigent OR low-income OR inner-city OR class OR disadvantaged OR uninsured OR underinsured OR ethnic OR multiethnic OR race OR racial OR minority OR AAPI OR BIPOC OR Americans OR Black OR Hispanic OR Chicano OR Chicana

OR Latina OR Latino OR Latinx OR Hispanic OR "Native Alaskan" OR "Native Hawaiian" OR indigenous OR Indian OR "United States" OR US OR USA OR vulnerable OR literacy OR illiterate OR numeracy OR innumerate OR communication OR language OR ESL OR immigrant OR refugee OR speaking) AND title:(colorectal OR breast) AND (cancer OR carcinoma OR malignancy OR neoplasm OR tumor)) OR (heart AND failure) OR (acute AND coronary) OR (myocardial AND infarction) OR (coronary AND disease) OR "ischemic heart disease" OR "high blood pressure" OR hypertension OR (cystic AND fibrosis) OR (major AND depression) OR diabetes OR (kidney AND failure) OR "end stage renal" OR "end stage kidney" OR ESRD OR ESKD OR (pneumonia\* OR (pneumococcal AND vaccination) OR pregnancy))) (5)

**PROSPERO searched on December 10, 2021**

Date searched: December 10, 2021

((decrease OR efficacy OR effectiveness OR evaluate OR facilitator OR improve OR increase OR project OR program OR quality OR reduce OR screen OR strategy OR uptake) AND ( determinants OR disparity OR inequality OR unequal OR equal OR inequity OR equity OR equitable OR bisexual OR gay OR homosexual OR LGBTQ OR lesbian OR "men who have sex with men" OR MSM OR transgender OR transsexual OR sociodemographic OR socioeconomic OR SES OR sociocultural OR poverty OR indigent OR low-income OR inner-city OR class OR disadvantaged OR uninsured OR underinsured OR ethnic OR multiethnic OR race OR racial OR minority OR AAPI OR BIPOC OR Americans OR Black OR Hispanic OR Chicano OR Chicana OR Latina OR Latino OR Latinx OR Hispanic OR "Native Alaskan" OR "Native Hawaiian" OR indigenous OR Indian OR "United States" OR US OR USA OR vulnerable OR literacy OR illiterate OR numeracy OR innumerate OR communication OR language OR ESL OR immigrant OR refugee OR speaking )) (11)

**Value**

We assessed the nomination for value. We considered whether or not the clinical, consumer, or policymaking context had the potential to respond with evidence-based change; and if a partner organization would use this evidence review to influence practice.

## Appendix B. Selection Criteria Assessment

Selection Criteria	Assessment
1. Appropriateness	
1a. Does the nomination represent a health care drug, intervention, device, technology, or health care system/setting available (or soon to be available) in the United States?	Yes. The nomination is a request for an evidence review on the benefits and harms of interventions to reduce health disparities and/or improve health outcomes among adults with social risk factors experiencing key clinical conditions.
1b. Is the nomination a request for an evidence report?	Yes.
1c. Is the focus on effectiveness or comparative effectiveness?	Yes. The requested review would evaluate the effectiveness of interventions to address disparities in health outcomes based on sex, sexual orientation, race/ethnicity, socioeconomic status and linguistic/health literacy related barriers.
1d. Is the nomination focus supported by a logic model or biologic plausibility? Is it consistent or coherent with what is known about the topic?	Yes.
2. Importance	
2a. Represents a significant disease burden; large proportion of the population	Racial/ethnic minorities and other vulnerable populations experience deep and pervasive health disparities in the United States. <sup>3</sup>
2b. Is of high public interest; affects health care decision making, outcomes, or costs for a large proportion of the US population or for a vulnerable population	Addressing health disparities is an important priority as indicated in the January 2021 President Biden's Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government. <sup>4</sup>
2c. Incorporates issues around both clinical benefits and potential clinical harms	Yes. The nomination is requesting a review to assess the effectiveness of interventions to improve care quality and/or reduce health disparities in screening and prevention of colorectal and breast cancers, the management of cardiovascular disease, diabetes, end-stage kidney disease, chronic and acute respiratory conditions, depression, and pregnancy management.
2d. Represents high costs due to common use, high unit costs, or high associated costs to consumers, to patients, to health care systems, or to payers	Yes. Populations with various social risk factors, such as racial/ethnic minorities, experience disproportionate levels of morbidity and mortality compared to the general population. <sup>3</sup>
3. Desirability of a New Evidence Review/Absence of Duplication	
3. A recent high-quality systematic review or other evidence review is not available on this topic	Yes. However, the existing published and in-progress reviews do not address interventions to reduce disparities and/or improve outcomes in the treatment of heart failure, pneumonias, cystic fibrosis, depression, and in the uptake of pneumococcal vaccination. Furthermore, none of the existing reviews examined interventions to mitigate health inequities related to sexual orientation or the effectiveness of different interventions with respect to process of care and harms related outcomes.
4. Impact of a New Evidence Review	
4a. Is the standard of care unclear (guidelines not available or guidelines inconsistent, indicating an	Yes. None of the published or in-progress reviews provide comprehensive assessment of the effectiveness of quality improvement interventions

information gap that may be addressed by a new evidence review)?	to address health disparities. Additionally, none of the found reviews examined harms that may be associated with these interventions.
4b. Is there practice variation (guideline inconsistent with current practice, indicating a potential implementation gap and not best addressed by a new evidence review)?	Yes. None of the existing clinical practice guidelines effectively address measures to reduce health disparities and/or improve health outcomes among populations with different social risk factors.
<b>5. Primary Research</b>	
5. Effectively utilizes existing research and knowledge by considering: - Adequacy (type and volume) of research for conducting a systematic review - Newly available evidence (particularly for updates or new technologies)	Based on review of approximately 600 citations, we identified the following primary literature for each of the KQs:  <b>KQ1:</b> 63 primary studies including 3 RCTs, 1 secondary RCT data analysis, 1 cohort study, 1 mixed methods study, and 57 in-progress clinical trials. <b>KQ2:</b> 0 studies  <i>ClinicalTrials.gov:</i> 57 in-progress trials (included in the count above)  Based on the above yield from reviewing approximately one third of the literature search findings, we estimate the size of the proposed review to be large.
<b>6. Value</b>	
6a. The proposed topic exists within a clinical, consumer, or policy-making context that is amenable to evidence-based change	Yes. Denver Health is invested in addressing health disparities and/or improving health outcomes related to different social risk factors within their health system. Furthermore, a new review regarding interventions to address health disparities would highlight new and emerging evidence on the topic and help improve practice.  Addressing disparities is a priority for AHRQ and for the Department of Health and Human Services. This review will likely be of high interest to AHRQ and other Federal agencies.
6b. Identified partner who will use the systematic review to influence practice (such as a guideline or recommendation)	Yes, as above.

Abbreviations: AHRQ=Agency for Healthcare Research and Quality; KQ=key question; RCT=randomized controlled trial