Appendices

Appendix A. Methods

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Appendix A. Methods

I. Search Strategy

The search strategy was designed and conducted by a medical librarian with input from the investigators. We used text mining software to identify additional relevant keywords and MeSH search terms (Yale MeSH Analyzer https://mesh.med.yale.edu/). To find additional relevant studies, reference lists of included articles were manually screened. We applied the following limits or filters to the database searches:

- Date. A start date of 2017 was considered sufficient for the purpose of the review.
- Language. Publications were excluded if they were written in a language other than English. This was due to resource constraints.
- Publication Status. We searched for published studies in peer-reviewed journals.
- Study Design. The search was restricted to randomized controlled trials and non-randomized controlled trial, uncontrolled observational studies, pre-post design, and mixed methods.
- Other restrictions. The following search limits were then applied (MeSH Terms): clinical trial, or exp controlled clinical trial, or comparative effectiveness research, or comparative study, or evaluation study, or health services research, or outcome assessment, health care, or quality assurance, health care, or quality improvement.

We conducted a comprehensive literature search in July 2022 (updated February 2023). We searched the following databases:

- Ovid MEDLINE(R) and Epub Ahead of Print, In-Process, In-Data-Review & Other Non-Indexed Citations, Daily and Versions <1946 to July 25, 2022>
- CINAHL Plus with Full Text (EBSCOhost) Date searched: August 9, 2022
- Scopus (Elsevier B.V.) Date searched: August 8, 2022

We conducted a grey literature search in November 2022 that included the following resources:

- Supplemental searches were performed for key questions on workforce diversity and applicability and sustainability. Supplemental searches were also performed in order to locate relevant articles poorly or inaccurately indexed or unindexed.
- We browsed the first 200 results from Google and Google Scholar for each search string using a combination of terms and word variations (health equity, healthcare disparities, racial / ethnic groups, American Indian or Indigenous or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, discrimination, racial/ethnic, racism, implicit bias; chronic conditions; learning health systems, safety net hospital, hospital systems, Federally Qualified Health Center (FQHC); sustainability, scale-up, scalability, spread, applicability, transferability, generalizability, external validity, and workforce diversity.
- Journal Table of Contents. Learning Health Systems, (Online ISSN:2379-6146) table of contents were browsed from 2017-2022.

- Websites of relevant organizations. For the purposes of browsing for information to contextualize results from the published literature, we searched relevant organizations including the National Academy of Medicine, (NAM) Culture of Health Program, the Johns Hopkins Center for Health Equity, the American Hospital Association HEAL Health Equity Action Library, the Robert Wood Johnson Foundation Culture of Health Partnerships, the Patient Centered Outcomes Research Institute Portfolio, and the Dissemination & Implementation Models In Health website. See Table A.1 below the search strategies.

Ovid MEDLINE(R) and Epub Ahead of Print, In-Process, In-Data-Review & Other Non-Indexed Citations, Daily and Versions <1946 to July 25, 2022>

1 healthcare disparities/ or Health inequities/ or Health Status Disparities/ 37607
2 (health* adj3 (access* or disparit* or equity or inequit*)).ti,ab,kf. 76539
3 exp "health disparity, minority and vulnerable populations"/ or Minority health/ 107398
4 "Ethnic and Racial Minorities"/ 379
5 exp "Emigrants and Immigrants"/ 15009
6 Medically Underserved Area/ or Medically Uninsured/ or Safety-Net Providers/ 16376
7 exp Racism/ or Bias, Implicit/ 5663
8 ((race or racial) adj3 (diffference* or disparit* or inequit* or gap*)).ti,ab,kf. 14516
9 exp Poverty/ or sociodemographic factors/ or socioeconomic factors/ 209931
10 ((sociodemographic* or socioeconomic*) adj3 (disparit* or equit* or inequit*)).ti,ab,kf. 3738
11 or/1-10406702
12 exp chronic disease/ or cardiovascular diseases/ or exp diabetes insipidus/ or exp diabetes mellitus/ or Disabled Persons/ 1249711
13 (AIDS or asthma or cancer or cardiovascular disease* or chronic obstructive pulmonary disease or COPD or diabetes or HIV or hypertension or mental disorder* or mental illness* or (chronic adj3 disease*)).ti,ab,kf. 3967949
14 Multimorbidity/ 2349
15 (multimorbidit* or multi-morbidit*).ti,ab,kf. 7550
16 (patient adj3 (burden or complex*)).ti,ab,kf. 9336
17 or/12-16 4606688
18 11 and 17 104105
19 clinical trial/ or exp controlled clinical trial/ or comparative effectiveness research/ or comparative study/ or evaluation study/ or health services research/ or outcome assessment, health care/ or quality assurance, health care/ or quality improvement/ 2994570
20 (strategies or intervention or improve* or address).ti. 505158
21 19 or 20 3402367
22 18 and 21 18225
23 limit 22 to (english language and yr="2017 -Current") 4595
24 comment/ or editorial/ or letter/ 2083352
25 23 not 24 4519

Ovid Field Searching Codes
.ab=Abstract
.ti=Title

.kf=Subject Heading Word

CINAHL Plus EbscoHost
(MH "Healthcare Disparities") OR (MH "Racism") OR (MH "Sexual and Gender Minorities") OR (MH "Minority Groups") OR (MH "Socioeconomic Factors+") OR (MH "Sociodemographic Factors") OR (MH "Racism+") OR (MH "Transphobia") OR (MH "Indigent Persons") OR (MH "Immigrants") OR (MH "Medically Uninsured") OR (MH "Medically Underserved") OR (MH "Medically Underserved Area") OR (TI (health N3 (disparit* OR inequit* OR equit*)) OR (AB (health N3 (disparit* OR inequit* OR equit*)) OR (TI (minorit* N3 (racial OR ethnic* OR gender OR group* OR health OR sexual)) OR (AB (minorit* N3 (racial OR ethnic OR ethnic OR gender OR group* OR sexual)) OR (TI (socioeconomic* OR AB socioeconomic*))
AND
(MH "Chronic Disease+") OR (MH "Mental Disorders, Chronic") OR (MH "Pulmonary Disease, Chronic Obstructive") OR (MH "Renal Insufficiency, Chronic") OR (MH "Leukemia, Myeloid, Chronic") OR (MH "Kidney Failure, Chronic") OR (MH "Asthma-Chronic Obstructive Pulmonary Disease Overlap Syndrome") OR (MH "Diabetic Patients") OR (MH "Hypertension") OR (MH "Coronary Disease") OR (MH "Comorbidity") OR (TI (chronic N3 (condition* OR disease* OR illness*)) or (TI ("long term conditions") OR (TI (mental N3 (disorder* or illness*)) OR (AB (chronic N3 (condition* OR disease* OR illness*)) or (AB ("long term conditions") OR (AB (mental N3 (disorder* or illness*))
AND
(MH "Health Services Research") OR (MH "Outcomes Research") OR (MH "Quality of Care Research") OR (MH "Evaluation Research") OR (MH "Administrative Research+") OR (MH "Analytic Research") OR (MH "Applied Research") OR (MM "Clinical Research") OR (MH "Quality of Care Research") OR (MH "Evaluation and Quality Improvement Program") OR (MH "Quality Improvement") OR (MH "Quality Assessment") OR (MH "Quasi-Experimental Studies+") OR (MH "Prospective Studies+") OR (MH "Clinical Trials+") OR (MH "Experimental Studies+") OR (PT clinical trial OR PT nursing interventions OR PT other)
Limiters - Peer Reviewed; Published Date: 20170101-20221231; English Language; Geographic Subset: Australia & New Zealand, Canada, Europe, UK & Ireland, USA
Expanders - Apply equivalent subjects
Search modes - Boolean/Phrase

SCOPUS (Elsevier B.V.)
INDEXTERMS ("healthcare disparities") OR INDEXTERMS ("health inequities") OR INDEXTERMS ("health status disparities") OR INDEXTERMS ("socioeconomic factors") OR INDEXTERMS ("health disparity, minority and vulnerable populations") OR INDEXTERMS ("Ethnic and Racial Minorities") OR INDEXTERMS ("Safety-Net Providers") OR INDEXTERMS ("Medically Underserved Area") OR INDEXTERMS ("Medically Uninsured") OR INDEXTERMS ("Minority health") OR INDEXTERMS ("Emigrants and Immigrants") OR TITLE-ABS (health W/5 disparit*) OR TITLE-ABS (racial W/5 disparit*) OR TITLE-ABS (ethnic W/5 disparit*) OR TITLE-ABS (minorit* W/5 health) AND (INDEXTERMS ("chronic disease") OR TITLE-ABS (chronic W/5 condition*) OR TITLE-ABS ("chronic obstructive pulmonary disease") OR TITLE-ABS (cancer) OR TITLE-ABS ("cardiovascular disease*") OR TITLE-ABS (diabetes) OR

TITLE-ABS ("HIV") OR TITLE-ABS (hypertension) OR TITLE-ABS (mental W/5 disorder*) OR TITLE-ABS (mental W/5 illness*) OR TITLE-ABS (multimorbidit*) OR TITLE-ABS ("complex w/5 patient") AND (INDEXTERMS ("clinical trial") OR INDEXTERMS ("controlled clinical trial") OR INDEXTERMS ("comparative effectiveness research") OR INDEXTERMS ("comparative study") OR TITLE (random*) OR INDEXTERMS ("outcome assessment, health care") OR INDEXTERMS ("quality improvement") OR INDEXTERMS ("health services research") OR INDEXTERMS ("quality assurance, health care") OR TITLE (intervention) OR TITLE (strategies) OR TITLE (improve*) OR TITLE (address)
Limited to: Affiliated Country: United States, Australia & New Zealand, Canada, Europe, UK & Ireland; Document Type: article; Language: English, Publication Years, 2017-2022; Source Type: Journal; Subject Areas: Medicine, Nursing, Health Professions, Multidisciplinary.

Appendix Table A.1. Websites Grey Literature

Organization	URL
American Hospital Association HEAL Health Equity Action Library	https://equity.aha.org/health-equity-transformation-model-literature-overview
National Academy of Medicine, (NAM) Culture of Health Program	https://nam.edu/programs/culture-of-health/
Robert Wood Johnson Foundation Culture of Health Partnerships-"A Framework for Promoting Equity and Excellence in Healthcare"	https://rtbhealthcare.org/about/
PCORI Addressing Disparities Portfolio	https://www.pcori.org/explore-our-portfolio
Dissemination & Implementation Models In Health	https://dissemination-implementation.org/tool/
Johns Hopkins Center for Health Equity	https://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-health-equity/learning-resources/publications/academic-publications/
University of Washington Health Workforce Research Center – Health Equity	https://familymedicine.uw.edu/chws/hwrc/health-equity/
Kaiser Permanente Division of Research Health Equity	https://divisionofresearch.kaiserpermanente.org/research/health-equity

II. Questions for Key Informants

Questions for researchers/advocacy organizations/provider organizations/practicing clinicians

1. Data clearly shows that racial and ethnic minority groups often have worse health and care. Why do you think this is the case?
2. Have you or your loved ones experienced differences in care received, are you aware of any healthcare organizational efforts to rectify these differences? What are the efforts/programs?
3. Have you or your loved ones participated in (or are you aware of) such program(s)? Was there any effort to consider your race and other social factors (such as your gender, disability, sexual identity and orientation e.t.c) in the program(s)?
4. Are you aware of community collaboration efforts of such programs to rectify the differences in your health and care? Should community organizations be involved in these efforts? How? What are some barriers that community organizations face in collaborating with healthcare organizations?
5. What types of efforts do you think a healthcare organization could do that might reduce these differences in the care received by racial and ethnic minority groups? What would be needed for them to work?
6. Are there sources where you obtain information about these efforts?

Questions for patient advocates, families, caregivers

7. Data clearly shows that racial and ethnic minority groups often have worse health and care. Why do you think this is the case?
8. Have you or your loved ones experienced differences in care received, are you aware of any healthcare organizational efforts to rectify these differences? What are the efforts/programs?
9. Have you or your loved ones participated in (or are you aware of) such program(s)? Was there any effort to consider your race and other social factors (such as your gender, disability, sexual identity and orientation e.t.c) in the program(s)?
10. Are you aware of community collaboration efforts of such programs to rectify the differences in your health and care? Should community organizations be involved in these efforts? How? What are some barriers that community organizations face in collaborating with healthcare organizations?
11. What types of efforts do you think a healthcare organization could do that might reduce these differences in the care received by racial and ethnic minority groups? What would be needed for them to work?
12. Are there sources where you obtain information about these efforts?

Appendix B. Inclusion Criteria

Element	Included	Excluded
Population	● Primarily of racial/ethnic minority adult group composition, with common chronic conditions ● Sample size > 50, or 25 per group analyzed (to achieve a reasonable representation of the population) ● Healthcare Systems providing healthcare for racial and ethnic minority groups	● Non-U.S populations
Interventions	● Healthcare system strategies that are specifically targeted to reduce racial and ethnic minority health and healthcare disparities at population (e.g., patients) with relevant links to healthcare system ● Strategies specifically targeted to reduce racial and ethnic minority health and healthcare disparities at heath care organization-level (e.g., structure of the organization) ● Strategies specifically targeted to reduce racial and ethnic minority health and healthcare disparities at patient-level and provider-level, incorporated with healthcare system level interventions ● Strategies with community involvement with relevant links to healthcare system	● Strategies specifically targeted to reduce racial and ethnic minority health and healthcare disparities at solely patient-level and provider-level, with relevant links to a healthcare system ● Exploratory sub-group analysis where the aims of the studies are not relevant to racial/ethnic health disparities ● Public health/policy-based interventions without relevant links to healthcare systems ● Interventions aimed at medical school students, pharmacy students, and other allied health students
Comparators	● Standard care ● Alternative strategy/intervention	
Outcomes	● Health-related outcome measures (e.g., disease specific morbidity and mortality, blood pressure control, Hba1c levels) ● Process of care measures ● Care utilization outcome measures ● Barriers to care measures ● Financial/re-imbursement measures ● Harms (e.g., unintended negative consequences)	

	• Stigma other related experience of discrimination	
Timing	Any	
Settings	Any	
Study design	Randomized controlled trial study design, non-randomized study designs (non-randomized controlled trials, cohort studies with comparator arms, pre-post, and quality improvement or single-arm studies of implemented strategies with outcomes captured before and after implementation), and mixed-method study designs	Stand-alone qualitative studies, systematic reviews, narrative reviews, case reports, case series protocols, conference abstracts
Language	English	

Appendix C. Excluded Studies at Full Text

Reasons for Exclusion
P = Population
I = Intervention
C = Comparison
O = Outcomes
S = Study Design
X = Other reasons
(n=269 not system level, publication list is available in [TB1 reference])

1. Abbott LS, Slate EH, Lemacks JL. Influencing cardiovascular health habits in the rural, deep south: results of a cluster randomized trial. Health Educ Res. 2019;34(2):200-8. doi: 10.1093/her/cyy052. PMID: 30601979. S

2. Asgary R, Naderi R, Wisnivesky J. Opt-Out Patient Navigation to Improve Breast and Cervical Cancer Screening Among Homeless Women. J Womens Health. 2017;26(9):999-1003. doi: 10.1089/jwh.2016.6066. PMID: 28103125. C

3. Axon DR, Johnson M, Abeln B, et al. An Academic-Community Collaboration to Deliver Medication Therapy Management (MTM) Services to Patients Living in Rural Counties of a Southwestern State in the United States. J Pharm Pract. 2022 Oct;35(5):691-700. doi: 10.1177/08971900211000219. PMID: 33759609. P

4. Aysola J, Tahirovic E, Troxel AB, et al. A Randomized Controlled Trial of Opt-In Versus Opt-Out Enrollment Into a Diabetes Behavioral Intervention. Am J Health Promot. 2018;32(3):745-52. doi: 10.1177/0890117116671673. PMID: 28281353. I

5. Baek J, Huang K, Conner L, et al. Effects of the home-based educational intervention on health outcomes among primarily Hispanic children with asthma: a quasi-experimental study. BMC Public Health. 2019;19(1):912. doi: 10.1186/s12889-019-7272-5. PMID: 31288792. I

6. Barnes JW, Massing M, Dugyala S, et al. Design of a Novel Intervention Model to Address Cardiovascular Health Disparities in the Rural Underserved Community of Phillips County Arkansas. Health Equity. 2022;6(1):248-53. doi: 10.1089/heq.2021.0175. PMID: 35402777. S

7. Barton AB, Okorodudu DE, Bosworth HB, et al. Clinical Inertia in a Randomized Trial of Telemedicine-Based Chronic Disease Management: Lessons Learned. Telemed J E Health. 2018;24(1):742-8. doi: 10.1089/tmj.2017.0184. PMID: 29341850. S

8. Beasley JM, Shah M, Wyatt LC, et al. A Community Health Worker-Led Intervention to Improve Blood Pressure Control in an Immigrant Community With Comorbid Diabetes: Data From Two Randomized, Controlled Trials Conducted in 2011-2019. Am J Public Health. 2021;111(6):1040-4. doi: 10.2105/ajph.2021.306216. PMID: 33950735. S

9. Beck AF, Anderson KL, Rich K, et al. Cooling The Hot Spots Where Child Hospitalization Rates Are High: A Neighborhood Approach To Population Health. Health Aff (Millwood). 2019;38(9):1433-41. doi: 10.1377/hlthaff.2018.05496. PMID: 31479350. P

10. Berkowitz SA, Terranova J, Randall L, et al. Association Between Receipt of a Medically Tailored Meal Program and Health Care Use. JAMA Internal Medicine. 2019;179(6):786-93. doi: 10.1001/jamainternmed.2019.0198. PMID: 31009050. I

11. Beverly EA, Love C, Love M, et al. Using Virtual Reality to Improve Health Care Providers' Cultural Self-Efficacy and Diabetes Attitudes: Pilot Questionnaire Study. JMIR Diabetes. 2021;6(1):e23708. doi: 10.2196/23708. PMID: 33502335. S

12. Bickell NA, Moss AD, Castaldi M, et al. Organizational Factors Affect Safety-Net Hospitals' Breast Cancer Treatment Rates. Health Serv Res. 2017;52(6):2137-55. doi: 10.1111/1475-6773.12605. PMID: 27861833. I

13. Bouchonville MF, Hager BW, Kirk JB, et al. Endo Echo Improves Primary Care Provider and Community Health Worker Self-Efficacy in Complex Diabetes Management in Medically Underserved Communities. Endocr Pract. 2018;24(1):40-6. doi: 10.4158/ep-2017-0079. PMID: 29368967. S

14. Boulware LE, Ephraim PL, Ameling J, et al. Effectiveness of informational decision aids and a live donor financial assistance program on pursuit of live kidney transplants in African American hemodialysis patients. BMC Nephrol. 2018;19(1):107. doi: 10.1186/s12882-018-0901-x. PMID: 29724177. S

15. Brown LD, Vasquez D, Salinas JJ, et al. Evaluation of Healthy Fit: A Community Health Worker Model to Address Hispanic Health Disparities. Prev Chronic Dis. 2018;15:E49. doi: 10.5888/pcd15.170347. PMID: 29704370. S

16. Carrillo G, Roh T, Baek J, et al. Evaluation of Healthy South Texas Asthma Program on improving health outcomes and reducing health disparities among the underserved Hispanic population: using the RE-AIM model. BMC Pediatr. 2021;21(1):510. doi: 10.1186/s12887-021-02991-8. PMID: 34784927. X

17. Castaneda SF, Bharti B, Espinoza-Giacinto RA, et al. Evaluating Two Evidence-Based Intervention Strategies to Promote CRC Screening Among Latino Adults in a Primary Care Setting. J Racial Ethn Health Disparities. 2018;5(3):530-5. doi: 10.1007/s40615-017-0395-4. PMID: 28634873. S

18. Castillo EG, Shaner R, Tang L, et al. Improving Depression Care for Adults With Serious Mental Illness in Underresourced Areas: Community Coalitions Versus Technical Support. Psychiatr Serv. 2018;69(2):195-203. doi: 10.1176/appi.ps.201600514. PMID: 29032700. S

19. Cerisier K. Connecting Chronically Ill, Uninsured Patients Who Use the Emergency Department as a Medical Home: A Process Improvement Project. J Emerg Nurs. 2019;45(3):249-53. doi: 10.1016/j.jen.2018.08.011. PMID: 30293814. P

20. Chee W, Lee Y, Im EO, et al. A culturally tailored Internet cancer support group for Asian American breast cancer survivors: A randomized controlled pilot intervention study. J Telemed Telecare. 2017;23(6):618-26. doi: 10.1177/1357633x16658369. PMID: 27486198. S

21. Chen AC, Kim WS, Todd M, et al. A Digital Storytelling Intervention for Vietnamese American Mothers to Promote Their Children's HPV Vaccination. Cancer Prev Res (Phila). 2022;15(7):465-72. doi: 10.1158/1940-6207.Capr-21-0618. PMID: 35314854. P

22. Chin JY, Matson J, McCauley S, et al. The impact of financial incentives on utilization and outcomes of diabetes prevention programs among Medicaid managed care adults in New York state. Contemp Clin Trials. 2020;91:105960. doi: 10.1016/j.cct.2020.105960. PMID: 32087338. I

23. Cohen DA, Han B, Derose KP, et al. Promoting physical activity in high-poverty neighborhood parks: A cluster randomized controlled trial. Soc Sci Med. 2017;186:130-8. doi: 10.1016/j.socscimed.2017.06.001. PMID: 28645058. I

24. Colborn KL, Helmkamp L, Bender BG, et al. Colorado Asthma Toolkit Implementation Improves Some Process Measures of Asthma Care.J Am Board Fam Med. 2019;32(1):37-49. doi: 10.3122/jabfm.2019.01.180155. PMID: 30610140. P

25. Connolly M, Selling MK, Cook S, et al. Development, implementation, and use of an "equity lens" integrated into an institutional quality scorecard. J Am Med Inform Assoc. 2021;28(8):1785-90. doi: 10.1093/jamia/ocab082. PMID: 34010425. C

26. Coon SA, Brooks AD, Wolff SE. Primary prevention aspirin use in high-risk patients: A pharmacist intervention and comparison of risk stratification tools. J Am Pharm Assoc (2003). 2017;57(5):585-90. doi: 10.1016/j.japh.2017.07.003. PMID: 28811088. S

27. Crosby RA, Mena L, Salazar LF, et al. Efficacy of a Clinic-Based Safer Sex Program for Human Immunodeficiency Virus-Uninfected and Human Immunodeficiency Virus-Infected Young Black Men Who Have Sex With Men: A Randomized Controlled Trial. Sex Transm Dis. 2018;45(3):169-76. doi: 10.1097/olq.0000000000000721. PMID: 29419709. I

28. D'Alonzo KT, Smith BA, Dicker LH. Outcomes of a Culturally Tailored Partially Randomized Patient Preference Controlled Trial to Increase Physical Activity Among Low-Income Immigrant Latinas. J Transcult Nurs. 2018;29(4):335-45. doi: 10.1177/1043659617723073. PMID: 28826382. I

29. Dave G, Ritchwood T, Young TL, et al. Evaluating Teach One Reach One-An STI/HIV Risk-Reduction Intervention to Enhance Adult-Youth Communication About Sex and Reduce the Burden of HIV/STI. Am J Health Promot. 2017;31(6):465-75. doi: 10.1177/0890117116669402. PMID: 29065713. P

30. DeSilva MB, Kodet A, Walker PF. A Best Practice Alert for Identifying Hepatitis B-Infected Patients. Am J Trop Med Hyg. 2020;103(2):884-6. doi: 10.4269/ajtmh.20-0041. PMID: 32431283. S

31. Dixit N, Sarkar U, Trejo E, et al. Catalyzing Navigation for Breast Cancer Survivorship (CaNBCS) in Safety-Net Settings: A Mixed Methods Study. Cancer Control. 2021 Jan-Dec;28(online ahead of print):no pag. doi: 10.1177/10732748211038734. PMID: 34657452. S

32. Downes LS, Buchholz SW, Bruster B, et al. Delivery of a community-based nutrition education program for minority adults. J Am Assoc Nurse Pract. 2019;31(4):269-77. doi: 10.1097/jxx.0000000000000144. PMID: 30431550. S

33. Dworkin MS, Lee S, Chakraborty A, et al. Acceptability, Feasibility, and Preliminary Efficacy of a Theory-Based Relational Embodied Conversational Agent Mobile Phone Intervention to Promote HIV Medication Adherence in Young HIV-Positive African American MSM. AIDS Educ Prev. 2019;31(1):17-37. doi: 10.1521/aeap.2019.31.1.17. PMID: 30742481. S

34. Dye AM, Alemzadeh R, Wang J, et al. Intensive sick day rules to prevent recurrent diabetic ketoacidosis- An intervention that exemplifies health disparities. J Natl Med Assoc. 2022;114(1):30-7. doi: 10.1016/j.jnma.2021.10.001. PMID: 34838266. S

35. Ellis DA, Carcone AI, Naar-King S, et al. Adaptation of an Evidence-Based Diabetes Management Intervention for Delivery in Community Settings: Findings From a Pilot Randomized Effectiveness Trial. J Pediatr Psychol. 2019;44(1):110-25. doi: 10.1093/jpepsy/jsx144. PMID: 29186562. S

36. Falgas-Bague I, Ramos Z, Del Cueto P, et al. Adaptation of an Evidence-Based Intervention for Disability Prevention, Implemented by Community Health Workers Serving Ethnic Minority Elders. Am J Geriatr Psychiatry. 2021;29(3):260-9. doi: 10.1016/j.jagp.2020.07.014. PMID: 32855041. I

37. Farley JE, Dangerfield DT, 2nd, LaRicci J, et al. Community engagement and linkage to care efforts by peer community-health workers to increase PrEP uptake among sexual minority men. Public Health Nurs. 2021;38(5):818-24. doi: 10.1111/phn.12887. PMID: 33749022. I

38. Finkelstein A, Zhou A, Taubman S, et al. Health Care Hotspotting - A Randomized, Controlled Trial. N Engl J Med. 2020;382(2):152-62. doi: 10.1056/NEJMsa1906848. PMID: 31914242. S

39. Fitzpatrick SL, Papajorgji-Taylor D, Schneider JL, et al. Bridge to Health/Puente a la Salud: a pilot randomized trial to address diabetes self-management and social needs among high-risk patients. Transl Behav Med. 2022;12(7):783-92. doi: 10.1093/tbm/ibac016. PMID: 35849138. S

40. Fortuna RJ, Rocco TA, Freeman J, et al. A community-wide quality improvement initiative to improve hypertension control and reduce disparities. J Clin Hypertens. 2019;21(2):196-203. doi: 10.1111/jch.13469. PMID: 30609182. P

41. Furness BW, Goldhammer H, Montalvo W, et al. Transforming Primary Care for Lesbian, Gay, Bisexual, and Transgender People: A Collaborative Quality Improvement Initiative. Ann Fam Med. 2020;18(4):292-302. doi: 10.1370/afm.2542. PMID: 32661029. P

42. Gabbard J, Pajewski NM, Callahan KE, et al. Effectiveness of a Nurse-Led Multidisciplinary Intervention vs Usual Care on Advance Care Planning for Vulnerable Older Adults in an Accountable Care Organization: A Randomized Clinical Trial. JAMA Internal Medicine. 2021;181(3):361-9. doi: 10.1001/jamainternmed.2020.5950. PMID: 33427851. P

43. Gilmer TP, Avery M, Siantz E, et al. Evaluation Of The Behavioral Health Integration And Complex Care Initiative In Medi-Cal. Health Aff (Millwood). 2018;37(9):1442-9. doi: 10.1377/hlthaff.2018.0372. PMID: 30179553. I

44. Gleason-Comstock J, Mozeb G, Louis C. Using the cardiovascular risk profile in a community heart health outreach intervention: Implications for primary care. Ann Fam Med. 2022 Apr 1(20 Suppl 1). doi: 10.1370/afm.20.s1.2961. PMID: 36696663. I

45. Gordon EJ, Lee J, Kang RH, et al. A complex culturally targeted intervention to reduce Hispanic disparities in living kidney donor transplantation: an effectiveness-implementation hybrid study protocol. BMC Health Serv Res. 2018;18(1):368. doi: 10.1186/s12913-018-3151-5. PMID: 29769080. S

46. Gross-Schulman S, Sklaroff LM, Hertz CC, et al. Safety Evaluation of an Automated Remote Monitoring System for Heart Failure in an Urban, Indigent Population. Popul Health Manag. 2017;20(6):449-57. doi: 10.1089/pop.2016.0186. PMID: 28486027. S

47. Gu J, Maxwell AE, Ma GX, et al. Evaluating the Training of Chinese-Speaking Community Health Workers to Implement a Small-Group Intervention Promoting Mammography. J Cancer Educ. 2019;34(4):705-11. doi: 10.1007/s13187-018-1361-5. PMID: 29654506. S

48. Gwede CK, Sutton SK, Chavarria EA, et al. A culturally and linguistically salient pilot intervention to promote colorectal cancer screening among Latinos receiving care in a Federally Qualified Health Center. Health Educ Res. 2019;34(3):310-20. doi: 10.1093/her/cyz010. PMID: 30929015. S

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Appendix D. Evidence Tables

Table D.1. Evidence map of included studies

Study (PMID) Study Design Study Setting Study Location	Sample Size Age (mean) Sex (% female) Race/Ethnicity Chronic Condition Intersectional Features	Intervention Category Intervention Description Duration Intervention Target Intervention Delivery	Comparison Description	Outcome Category Outcomes (Primary outcomes in BOLD) Harms	Effect Code	Community Involvement (Yes or no) Applicability (Yes or no) Sustainability (Yes or no) Funding
Amornsiripanitch, 2022[1] (34266693) Pre-post Community-based MA	1576 56 years 100% Black or African American 25.5%, Hispanic 15.5%, other(unspecified) 27%, Asian 3.5%, White 17.5%, declined/unavailable 11% Cancer NR	Technology-based single component Electronic worklist for mammography screening 9 months Health Professional + System Researcher/Admin	Pre-post	Process of care **Turnaround time**, diagnostic exam, and time to tissue sampling NR	Positive	Yes No No Government
Applegate, 2021[2] (33443695) RCT Clinic NY	140 52 years 46% Hispanic 58%, not Hispanic 42%, White 7.6%, Black and/or African American 18.9%, Asian 5.3%, More than one race 5.3%, Unknown/not reported 62.9% Hypertension, Mental health, Obesity NR	Self-management support Project ACTIVE: designed to provide personalized and patient-centered preventive care in a busy urban ambulatory clinic 12 months Patient + System Multiple	Standard/usual care	Process of care Change in number of unfulfilled preventive care goals from the 12 USPSTF grade A and B recommendations, and gain in estimated life expectancy NR	Positive	No No No Government
Bailey, 2019[3]	2235 59 years	Transition of care SafeMed care	Pre-post	Care utilization; avoidable hospital	Mixed	No No

Study (PMID) **Study Design** **Study Setting** **Study Location**	**Sample Size** **Age (mean)** **Sex (% female)** **Race/Ethnicity** **Chronic Condition** **Intersectional Features**	**Intervention Category** **Intervention Description** **Duration** **Intervention Target** **Intervention Delivery**	**Comparison Description**	**Outcome Category** **Outcomes (Primary outcomes in BOLD)** **Harms**	**Effect Code**	**Community Involvement (Yes or no)** **Applicability (Yes or no)** **Sustainability (Yes or no)** **Funding**
(31270786) Pre-post Nonprofit system TN	58.6% Non-Hispanic Black 70%, other(unspecified) /Hispanic 10%, Non-Hispanic White 20% Hypertension, diabetes, asthma, mental health, and other CC NR	transition model: emphasizes early identification and patient engagement in the hospital followed by intensive community-based follow-up for a minimum of 45 days after hospital discharge post-hospital care transition, care coordination and compliance with care plan 2 years Patient + System Hospital/community providers		admission Primary care physician visits, hospitalization, ED visits, 30-day readmissions, and medical expenditure NR		No Government
Ben-Zeev, 2018[4] (29793397) RCT Clinic NH	163 49 years 41% African American 65%, White 27%, other or more than 1 race 7.4% Mental health NR	Self-management support FOCUS: a multimodal, smartphone-delivered intervention for people with serious mental illness that includes three components-FOCUS application (app), clinician dashboard, and mHealth support	Head-to-Head	Clinical outcome; process of care; patient experience of care **Engagement, satisfaction, and general psychopathology** NR	Mixed	No No No NR

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		specialist 2 years Patient + System Provider/Clinician				
Bettano, 2019[5] (31441768) IS Clinic MA	21,701 (aim 1), 3,817 (aim 2) NR NR Non-Hispanic Black 10.4%, Hispanic 38% Non-Hispanic White 36.5%, other 15.1% Hypertension NR	Technology-based single component Clinical-Community Partnerships for Prevention (CCPP): bidirectional referrals between clinic and community partnership 4 years Health Professional + System Other	Standard/usual care	Care utilization **Completing an e-Referral,** and improvements in BP NR	Mixed	Yes No No Government
Brown, 2020[6] (33213254) Observational-Cohort Hospital MD	425 63 years 31% Black 56%, White 31%, Hispanic 6%, Asian 3%, Native American 0.5% Cardiovascular disease NR	System multilevel QI care process Staff training coordination 2 years Patient + System Provider/Clinician	Standard/usual care	Clinical outcome; avoidable hospital admission Mortality rate, major complication rate, and readmission rate NR	Positive	No No No NR
Cameron, 2020[7] (33416742) RCT FQHC NY	538 58 years 74% 53% Black, 43% Hispanic, Cancer NR	Other single component Communication skills training, screening 10 months Patient + Health	Head-to-head	Process of care CRC screening completion within six months of recommendation, participant knowledge, and	No effect	No No No Government

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		Professional + System Provider/Clinician		documentation of CRC screening recommendation NR		
Castaneda, 2018[8] (28634873) IS Clinic CA	200 59 years 73% Hispanic/Latino Cancer NR	Prevention/Lifestyle Intervention (1): opportunistic clinic visit "in-reach" intervention; (2): system-level "outreach" intervention 1 year Patient + Health Professional + System CHW	Pre-post	Process of care **Screening uptake**, and guideline appropriate follow-up NR	Positive	No No No Multiple
Cheng, 2018[9] (29321134) RCT Public Health System CA	404 57 years 40% Hispanic 68%, Black 15%, Asian 10% Cardiovascular disease NR	System multilevel QI care process Nurse practitioner/physician assistant care manager, group clinics, self-management support, report cards, decision support, and ongoing care coordination 12 months Patient + System Provider/Clinician	Standard/usual care	Clinical outcome Change in systolic blood pressure NR	No effect	No No No Government

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Clement, 2019[10] (31233329) Observational-Cohort FQHC NC	196 28 years 0% Black 62%, White 19%, Latino 18% HIV NR	System multilevel QI care process Patient education, medication counseling 2 years Patient + Health Professional + System Provider/Clinician	Pre-post	Process of care Medication adherence rate NR	Positive	No No No NR
Cruz, 2022[11] (36374606) Observational-Cohort Other NM	2920 55 years 38% White 30%, Hispanic 60%, Native American 1.5% Multiple NR	Other single component A hub to connect referred patients to self-management programs 2 years, 9 months Patient + Health Professional + System Multiple	Pre-post	Clinical outcome; BMI, systolic blood pressure, diastolic blood pressure, HbA1c	Mixed	No No No Government
Cunningham, 2017[12] (28368951) RCT Clinic CA	1181 45 years 11% White 46%, Latino 28%, Black 22% HIV NR	Technology-based single component EHR - bi-directional exchange of laboratory information 3 years Patient + System Provider/Clinician	Pre-post	Process of care; clinical outcome **ART pharmacy fill, and HIV viral load** NR	Positive	No No No Government
Cykert, 202012[13] (33047340) RCT Clinic	146826 65 years 46% White 65%, Black	System multilevel QI care process A cardiovascular dashboard that	Standard/usual care	Clinical outcome Change in 10-Year ASCVD Risk score among all patients	Positive	No No No Government

Study (PMID) Study Design Study Setting Study Location	Sample Size Age (mean) Sex (% female) Race/Ethnicity Chronic Condition Intersectional Features	Intervention Category Intervention Description Duration Intervention Target Intervention Delivery	Comparison Description	Outcome Category Outcomes (Primary outcomes in BOLD) Harms	Effect Code	Community Involvement (Yes or no) Applicability (Yes or no) Sustainability (Yes or no) Funding
NC	24% Cardiovascular disease NR	included lists of risk stratified adults and their unmet treatment opportunities 1 year Patient + System Provider/Clinician		with a baseline score ≥10 percent from baseline to 3 months post intervention NR		
Cykert, 2019[14] (30714689) Cykert, 2020[15] (30928088) QI Hospital NC, SC	3798 65 years 45% White 69%, Black 31% Cancer NR	System multilevel QI care process A real-time warning system derived from EHR, race-specific feedback to clinical teams on treatment completion rates, and a nurse navigator 5 years Patient + System Multiple	Standard/usual care	Equity of service **Receipt of curative treatment**, effects on surgery, and use of radiation NR	Positive	No No No Nonprofit
Dessources, 2020[16] (32888331) Observational-Cohort Hospital CA	131 51 years 100% Hispanic/Latino Cancer NR	Care coordination Patient navigation 4 years System Patient navigator (employee)	Standard/usual care	Process of care Receiving ≥5 cycles of weekly cisplatin, initiation of BT during EBRT, completion of EBRT & BT, and pCRT completion within 63 days NR	Positive	No No No Multiple
Dixon, 2018[17] (29237095)	377 48 years	Collaborative care model	Standard/usual care	Process of care Time from the	Positive	No No

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Observational-Cohort Hospital VA	50% Black 80%, White 17% Hypertension NR	Care coordination with pharmacist-physician collaboration 12 months Patient + System Provider/Clinician		initial visit to the first follow-up visit with a BP <140/90 mm Hg NR		No NR
Doe, 2020[18] (3229107) Observational-Cohort Hospital MI	541 62 years 100% Hispanic 30%, Asian 29%, Black 20%, White 15% Cancer NR	Collaborative care model Care coordination 2 years System Researcher/Admin	Standard/usual care	Process of care Mean time from diagnosis to treatment, and patient compliance NR	No effect	No No No Academic
Flynn, 2020[19] (32525347) Observational-Cohort FQHC TX	760 54 years 70% Hispanic/Latino Mental health NR	Collaborative care model Care coordination, patient education, patient navigation, nutrition services 12 months Patient + System Multiple	Standard/usual care	Clinical outcome **Improved HbA1c**, BP, BMI, depressive symptoms, and quality of life NR	No effect	Yes No No NR
Fontil, 2018[20] (30002140) IS Public Health System CA	16000 61 years 50% Hispanic 30%, Asian 29%, Black 20%, White 15% Hypertension, cardiovascular disease NR	System multilevel QI care process Care coordination, data tracking 12 months Patient + System Provider/Clinician	Pre-post	Process of care **BP control**, and medication plan compliance NR	Positive	No No No Foundation

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Gallegos, 2022[21] (35068248) QI FQHC, UIHC CO	NR NR NR American Indian/Alaskan Native Other CC NR	System multilevel QI care process Access improvement, financial barrier reduction 3 years Patient + System Other	Pre-post	Process of care; cost/financial reimbursement; equity of service Reduction of financial barriers, increased patient access to affordable medications, and augmented integrated care model NR	Positive	No No No Government
Gellert, 2020[22] (30678502) QI Hospital TX	1494 6 years NR Hispanic 77%, African American 16% Asthma NR	Transition of care Care coordination, navigation 50 months System Provider/Clinician	Head-to-head	Process of care; care utilization; avoidable hospital admission Time to first administration of beta-antagonist/steroid therapy, length of stay, and readmission rates NR	Mixed	No No No NR
Goleman, 2018[23] (29842924) QI Clinic OH	24000 9 years 48 Black 54%, White 20%, Latino 15% Cancer NR	System multilevel QI care process EHR alert for HPV vaccine, quality improvement through captured care incentives, health education 3 years	Head-to-head	Process of care Quarterly captured opportunity rates by PCN clinic NR	Positive	No No No NR

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		System Provider/Clinician				
Heitkemper, 2017[24] (29059017) RCT FQHC NY	220 51 years 67 % Hispanic 52%, African American 42% Diabetes NR	Self-management support Health education via mailings, monetary and lottery incentives 12 months Patient + System Provider/Clinician	Standard/usual care	Process of care Length of MODD sessions, type of help needed during sessions, and focus of MODD during sessions NR	Mixed	No No No Government
James, 2018[25] (29313223) Observational-Cohort Clinic MA	12555 65 years 50% Hispanic/Latino Hypertension, cardiovascular disease NR	System multilevel QI care process IT alerts to identify patients missing care goals, care coordination 6 months Patient + System Other	Pre-post	Clinical outcome Improved LDL, and BP NR	Positive	No No No Nonprofit
Kaltman, 201926[26] (30816751) NonRCT Clinic DC	138 84.8% 48 years Hispanic/Latino Mental health NR	Collaborative care model Adapted collaborative care program 8 months Patient + System Researcher/Admin	Head-to-head	Clinical outcome Changes in depressive symptoms, changes in trauma exposure/PTSD symptoms, satisfaction with care NR	Mixed	No No No Government
Kangovi, 2017[27] (28817334) Kangovi, 2017[28]	302 56 years 75%	Care coordination IMPaCT: individualized	Standard/usual care	Process of care **HbA1c, BMI, BP, self-reported**	No effect	Yes Yes

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(27717532) RCT Clinic PA	Black Hypertension, diabetes NR	management for patient-centered targets 12 months Patient + System CHW		**number of cigarettes per day**, achievement of chronic disease management goals, mean change in self-rated health NR		No Academic
Kangovi, 2018[29] (30422224) RCT Clinic PA	592 53 years 62.5% Black Hypertension, diabetes NR	Care coordination IMPaCT: individualized management for patient-centered targets 9 months Patient + Health Professional + System CHW	Standard/usual care	Clinical outcome **Self-rated physical health**, self-rated mental health, change in patient-selected chronic disease marker, change in patient activation measure, proportion of patients reporting high quality care, and all-cause hospitalization NR	No effect	Yes No No Multiple
Kinsell, 2017[30] (29161972) Pre-post FQHC FL	27 clinics (14136 person years) 59 years 59.8% 42.4% African American, 49.7% White, 1.5% Asian, 6.4% other (unspecified), 46.3% Hispanic	Care coordination Patient-centered medical home 3 years Patient + System Other	Pre-post	Process of care **HbA1c, BP, BMI**, interaction effects of race, age, and payer type African Americans had significantly worse HBA1c and BP values	Mixed	No No No NR

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	Diabetes NR			compared to Caucasian patients		
Kiser, 2020[31] (33105224) QI FQHC AZ	137 NR 100% Hispanic/Latino NR	System multilevel QI care process Components included: 1) team engagement (team meetings); 2) patient engagement via a tool on cervical cancer screening that was provided in both English and Spanish (an adaptation of the Ottawa Personal Decision Guide); 3) a WWHP eligibility screening and enrollment tool for registration staff that included updated registration guidelines and a WWHP registration log in which to record all women enrolled in the program; 4) and the implementation of a case log for case management 60 days	Pre-post	Process of care; care utilization Team engagement; pap tests; enrollment, and staff stress Staff stress	Positive	No No No Government

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		Patient + Health Professional + System Multiple				
Kitzman, 2022[32] (35497399) Observational-Cohort Community-based	445 46 years African American 63.3%, Hispanic 21.8% Hypertension, cardiovascular disease, diabetes NR	Other single component Integration of population health strategies into primary care 12 months Patient + System Multiple	Pre-post	Clinical outcome **BP, HBA1c,** participation ED use and cost patterns, and IP use and cost patterns NR	No effect	Yes No No Government
Levy, 2018[33] (29555621) IS Clinic NY	113 50 years 45.1% Hispanic/Latino Diabetes NR	Self-management support Mobile Insulin Titration (MITI) program: text-based insulin titration program into real-world settings 12 weeks Patient + System Multiple	Pre-post	Process of care; clinical outcome; care utilization MITI program outcomes, MITI clinical outcomes, MITI process outcomes, percentage providers making at least one referral, MITI patient satisfaction, and MITI program feedback NR	Positive	No Yes No Foundation
Loi, 2017[34] (27817180) RCT	221 55 years 70.6%	Other single component Self-administered	Standard/usual care	Clinical outcome **QoL**, association between levels of	No effect	No No

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Clinic Unclear	Hispanic/Latino Cancer, mental health NR	stress management intervention 3 months Patient + System Other		acculturation in Hispanics and helpfulness of intervention NR		No Government
Lopez, 2019[35] (31095056) NonRCT Clinic NY	14 practices (6974 patients) NR 46.6% Asian Hypertension NR	System multilevel QI care process EHR health information technology 12 months Patient + Health Professional + System Provider/Clinician	Pre-post	Clinical outcome **BP**, acceptability, feasibility, and fidelity NR	Positive	No No No Government
Marshall, 2021[36] (35609161) Mixed-method Clinic CA	298921 Black 16.4%, white 90.1% Hypertension NR	System multilevel QI care process Clinical decision support tool 4 years Patient + Health Professional + System Multiple	Pre-post	Care utilization **Thiazide use**, BP NR	No effect	No No No Academic
Menon, 2020[37] (31676898) Herman, 2022[38] (35081762) RCT Community-based AZ	345 NR 65% Hispanic/Latino Cancer NR	Other single component Group education, patient navigation 12 months Patient + System Community health workers	Head-to-head	Care utilization; process of care Scheduling a clinic appointment, and completion of CRC screening NR	Positive	Yes No No Nonprofit
Millender, 2020[39]	314 37 years	Collaborative care model	Pre-post	Clinical outcome; process of care;	Positive	Yes No

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(NA) Pre-post Community-based FL	Hispanic 22%, Black/African American 35.6%, White 47.5%, Other/multiracial (unspecified) 16.9% 62.7% Mental health NR	Nurse-led interprofessional model of care 5 years System Provider/Clinician		care utilization; cost/financial reimbursement Successfully completed transition plan, psychiatrically stable, gained connection to community mental health provider, and had health insurance before exit NR		No Government
Narain, 2020[40] (32144694) NonRCT Clinic CA	1195 64 years NR Black Diabetes NR	Collaborative care model UCMyRx: involves embedding clinical pharmacists trained in motivational interviewing into primary care practices to co-manage complex patients along with their primary care physicians NR System Multiple	Standard/usual care	Clinical outcome HbA1c, and systolic blood pressure NR	Mixed	No No No Multiple
Noya, 2020[41] (32114939) NonRCT	139 54 years 60%	Other single component Culturally tailored	Standard/usual care	Clinical outcome **HbA1c**, LDL, BP NR	Positive	Yes No

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Clinic CA	Hispanic/Latino NR	shared medical appointment program 6 months Patient + Health Professional + System Multiple				No Government
Paul, 2020[42] (33416685) Pre-post FQHC NM	867 54 years 57% Hispanic/Latino 66% Diabetes NR	Care coordination Project ECHO (Extension for Community Healthcare Outcomes): is an innovative, scalable model of health care that extends specialty care to medically underserved areas through ongoing telementorship of community primary care providers 1 year System Multiple	Pre-post	Patient experience of care; equity of service **Healthcare access, and quality** NR	Mixed	No No No NR
Rawl, 2021[43] (33549682) RCT Clinic IN, KY	817 57 years 51% African American Cancer NR	Patient education Computer-tailored intervention assessed a participant's perceived risk, benefits and barriers to CRC screening,	Head-to-Head	Process of care **Screening uptake** NR	Positive	Yes No No Government

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		age, gender and family history in real time followed by tailored messages to support development of beliefs that would be most aligned with a decision to screen for CRC 6 months Patient + System Other				
Ray, 2020[44] (31381470) Mixed-method FQHC WI	99 56 years 47% Hispanic 3%, White 3%, African American 94% Hypertension, Diabetes NR	Collaborative care model Pharmacists within a primary care team managed patients with chronic illnesses utilizing a collaborative practice agreement NR System Other	Pre-post	Clinical outcome **HbA1c** NR	Mixed	No No No NR
Ross, 2020[45] (32945767) IS FQHC MS	335 60 years 61.2% Black 95%; white 4.5%; 0.5% other race (unspecified) Hypertension, diabetes, other CC NR	Collaborative care model Educational topics 1 year Patient + Health Professional + System Multiple	Pre-post	Process of care **MTM intervention score**, BP, triglycerides, HbA1, cholesterol, and LDL NR	Positive	Yes No No Government

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Saunders, 2022[46] (35580278) QI Clinic OH	6348 NR NR Hypertension Non-Hispanic Black 50% NR	System multilevel QI care process Coaching quality improvement 18 months Patient + System Provider/Clinician	Pre-post	Clinical outcome Hypertension control NR	Positive	No No No NR
Schoenthaler, 2020[47] (31625041) RCT Clinic NY	119 61 years 49.6% Hispanic/Latino Hypertension NR	System multilevel QI care process System multilevel QI care process 6 months Patient + System Multiple	Standard/usual care	Process of care **Medication adherence**, BP, and self-reported medical adherence NR	No effect	No No No Foundation
Sharp, 2018[48] (29121408) RCT Clinic IL	244 54 years 67.2% African American/Black 73.4%, Hispanic/Latino 26.6% NR	Care coordination (Group 1): Pharmacist +CHW (Pharmacists provided medication and disease management services to patients following an established Pharmacist Management Protocol, which included a comprehensive needs assessment, health promotion, patient-centric goal setting and education,	Pre-post	Clinical outcome **HbA1c**, systolic blood pressure, diastolic blood pressure, HDL, LDL, BMI, QoL, and perceived social support NR	No effect	Yes No No Government

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		interventions to encourage behavioral change, and collaboration with the PCP); (Group2): Pharmacist only 24 months Patient + System Multiple				
Soreide, 2022[49] (35420749) Observational-Cohort Clinic MI	222 60 years 57% Black 96.8%, Hispanic 1%, White 3% Hypertension NR	System multilevel QI care process Pharmacist-led hypertension management program 2 years Patient + System Provider/Clinician	Head-to-Head	Clinical outcome; **BP goals at 3 months**, BP goals at 6 months, time and number of visits to goal, adherence	Positive	No No No NR
Sous, 2021[50] (34909549) Pre-post Clinic NY	50 48 years 60% NR Diabetes NR	Collaborative care model Integrated care management 12 months Patient + System Patient navigator	Pre-post	Process of care; care utilization Chronic disease parameters, and care utilization NR	Mixed	Yes No No Academic
Steinberg, 2019[51] (30905430) RCT Community-based NC	306 51 years 69% Non-Hispanic Black 51%, Non-Hispanic White 30%, Hispanic 13%, Non-Hispanic other	Self-management support Track: weight loss intervention 12 months Patient + System Multiple	Standard/usual care	Process of care **DASH score** NR	Mixed	Yes No No Government

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	(unspecified) 6% Hypertension, Diabetes NR					
Steinbock, 2022[52] (33938485) QI Community-based DC, FL, GA, KY, LO, MD, MI, NC, SC, TN, TX, VA	110775 NR NR African American, Latina (% unspecified) HIV NR	System multilevel QI care process ECHO Collaborative: virtual communities of practice to measurably increase viral suppression rates in populations disproportionately affected by HIV 12 months Patient + System NR	Pre-post	Clinical outcome; process of care Viral suppression rates, and gaps in viral suppression rates NR	Positive	Yes No No Government
Swavely, 2020[53] (31226884) Mixed-method Clinic PA	200 NR 59% African American 74%, Asian 2%, 10% White, Hispanic/black 6%, Hispanic/other 5%, Other (unspecified) 4% Mental health NR	Collaborative care model The program included using a behavioral health technology platform, a behavioral health collaborative composed of community mental health agencies, and a community health worker 7 months Patient + System NR	Standard/usual care	Clinical outcome Rate of patients diagnosed with depression NR	Positive	Yes No No NR

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Tapp, 2017[54] (27813670) Shade, 2021[55] (31868043) Observational-cohort Clinic NC	718 adults/ 746 children 48 years adults/ 9 years children 81% adults/ 40% children Caucasian 14%, African American 73%, Hispanic 7%, 5% other (unspecified) adults/ Caucasian 7%, African American 54%, Hispanic 23%, other (unspecified) 3% children Asthma NR	System multilevel QI care process Patient/provider shared decision-making 12 months Patient + Health professional + System Provider/Clinician	Head-to-Head	Clinical outcome Exacerbations of asthma NR	Mixed	No No No Government
Tuot, 2018[56] (29699885) RCT Public health system CA	746 57 years 53% non-Hispanic White 8%, Black 35.7%, Hispanic 24.5%, Asian 24.4% Chronic kidney disease NR	System multilevel QI care process CKD registry 12 months Health Professional + System Other	Standard/usual care	Clinical outcome Systolic blood pressure NR	No effect	No No No Government
Vaughan, 2021[57] (32700217) Vaughan, 2022[58] (35132555) Vaughan, 2020[59]	89 55 years 72% Hispanic/Latino Diabetes NR	System multilevel QI care process TIME: Telehealth-Supported, Integrated Community Health	Standard/usual care	Clinical outcome **HbA1c**, BP, BMI, Weight, adherence NR	Positive	Yes No No Government

Study (PMID) **Study Design** **Study Setting** **Study Location**	**Sample Size** **Age (mean)** **Sex (% female)** **Race/Ethnicity** **Chronic Condition** **Intersectional Features**	**Intervention Category** **Intervention Description** **Duration** **Intervention Target** **Intervention Delivery**	**Comparison Description**	**Outcome Category** **Outcomes (Primary outcomes in BOLD)** **Harms**	**Effect Code**	**Community Involvement (Yes or no)** **Applicability (Yes or no)** **Sustainability (Yes or no)** **Funding**
(30839244) Vaughan, 2017[60] (29047326) RCT Clinic TX		Workers, Medication-Access 12 months Patient + System Multiple				
Walker-Smith, 2020[61] QI Clinic TX	18 health professionals/146 patients NR 100% Hispanic Cancer NR	System multilevel QI care process Implementing concurrent educational and clinic referral strategies in a primary care clinic 3 months Health professional + System Provider/Clinician	Pre-post	Process of care; care utilization Knowledge, and screening initiation NR	Positive	No No No NR
Weaver, 2019[62] (30793960) QI MI	192 44 years 44, 3% unknown gender Black 54%, White 32%, Hispanic 8%, unknown (unspecified) 5% Diabetes NR	Patient navigation Patient navigation 6 months Patient + System	Standard/usual care	Clinical outcome; process of care **No shows, and HbA1c** NR	Positive	No No No NR
Zullig, 2018[63] (29432589) Pre-post Clinic NC, MI, WV	252 NR NR African American Cardiovascular disease NR	Care coordination Cholesterol, Hypertension, And Glucose Education (CHANGE): self-management education modules	Pre-post	Clinical outcome **HbA1c** NR	Positive	Yes Yes No Government

Study (PMID) Study Design Study Setting Study Location	Sample Size Age (mean) Sex (% female) Race/Ethnicity Chronic Condition Intersectional Features	Intervention Category Intervention Description Duration Intervention Target Intervention Delivery	Comparison Description	Outcome Category Outcomes (Primary outcomes in BOLD) Harms	Effect Code	Community Involvement (Yes or no) Applicability (Yes or no) Sustainability (Yes or no) Funding
		and medication management facilitation 12 months Patient + System CHW				

Abbreviations: PMID = PubMed Identification Number; NR = not reported; NA = not available: RCT = randomized controlled trail; QI = quality improvement; IS = implementation science; FQHC = federally qualified health center; EHR = electronic health record; HDL = high-density lipoprotein; LDL = low-density lipoprotein; BMI =body mass index; QoL = quality of life; CKD = chronic kidney disease; HIV = human immunodeficiency virus; CHW = community health worker; BP = blood pressure; ART = antiretroviral therapy; BP = blood pressure; UIHC = Urban Indian Health Center; BT = brachytherapy; EBRT = External beam radiation therapy; PCN = primary care network; MODD = Mean of Daily Difference; HbA1c = hemoglobin A1C; USPSTF = United States Preventative Services Task Force; ED = emergency department; PTSD = post-traumatic stress disorder; IP = in-patient; MTM = medication therapy management; ASCVD = Atherosclerotic Cardiovascular Disease

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Appendix E. Existing Evidence Reviews

Table E.1. Evidence reviews on strategies to reduce racial and ethnic disparities and improve health and healthcare outcomes targeted at healthcare system-level

Author (year) Search date	Interventions(s)	Chronic Condition(s)	Target Population (Race/Ethnicity)	Findings Reported
Evans, 2022[1] January 2015 - December 2020	Mobile health; Telehealth; E-health	HIV	Black and Hispanic/Latino persons	Mixed findings on improved PrEP uptake and adherence.
Anderson, 2022[2] Inception to March 2021	Telehealth interventions were primarily delivered by telephone calls, text messages, web-based portals, and virtual visits	Diabetes	Black and Hispanic patients	Meta-analysis showed that compared to the control group, telehealth intervention was significantly associated with reduction in HbA1c compared to routine care.
Khoong, 2021[3] January 2005 - July 2019	mHealth interventions including text messaging, mobile applications	Hypertension	Black/African Americans, Korean American, Latinx (12 studies met race/ethnicity criterion)	All 15 RCTs reported SBP change; in these studies the intervention group had greater SBP change than the control group (7/15 studies). Among the non-RCT studies, 4/8 reported significant SBP changes at the study conclusion. Two RCTs and six non-RCTs reported BP control; among these studies, both RCTs and 4/6 non-RCTs reported significant differences between groups. Meta-analysis (n=7) of SBP reduction at 6-months in the intervention group was significant, but there was no significant difference in SBP change between the intervention and control groups.

Author (year) Search date	Interventions(s)	Chronic Condition(s)	Target Population (Race/Ethnicity)	Findings Reported
Ruiz-Perez, 2019[4] Inception - December 2016	Telemedicine; adding specialists health care staff	Cancer	African American, Latino, or other socially disadvantaged cancer patients (geographical)	Six studies included multiple-component interventions based on patient education and counseling that also included organizational changes such as bringing in specialist healthcare staff or the use of telemedicine. One study reported improved sleep, one reported reduced depressive symptomatology, one reported reduced anxiety, two reported increased perceived social support, and one reported improved self-efficacy.
Terens, 2018[5] January 2005-May 2016	Health care system level (e.g. change in the health system structure or delivery, adjusting roles of care team members, nurse care management model). A range of healthcare system-based strategies were included such as individualized case management, culturally tailored counseling, home visits, education programs, etc.	Diabetes	African-Americans, Hispanics, Korean Americans	The majority of studies that evaluated interventions targeted at the health care system (n=20), showed significant effect in at least one of the outcomes considered in this review.
Doshi, 2017[6] 1966-2012	Quality Improvement: Adaptation of current Diabetes prevention programs; Health Buddy, a web-based patient	Asthma, diabetes, hypertension, COPD, asthma, congestive heart failure	Black, Hispanic, Asian (includes general population and racial/ethnic minorities)	Most telehealth and mhealth interventions do not address the complex sets of exposures and psychological stress resulting

Author (year) Search date	Interventions(s)	Chronic Condition(s)	Target Population (Race/Ethnicity)	Findings Reported
	interface technology; patient portals			from minority status that are likely implicated race and ethnic disparities in these outcomes.
Tao 2016[7] 1980-2013	Provider pay-for-performance	diabetes, cardiovascular diseases, chronic obstructive pulmonary disease	Black, Hispanic, and Native American/Asian/Pacific Islander)	Little scientific evidence supporting an association between reimbursement system and socioeconomic or racial inequity in access, utilization and quality of primary care.
Anderson 2015[8] 1990-2014	Local community coalitions (Broad-scale health or social care system-level change strategies)	HIV, Mental health disorders, substance abuse,	African Americans, Latino, Asian or Pacific Islanders, Native Americans	Interventions led by community coalitions may connect health and human service providers with ethnic /racial minority communities in ways that benefit care delivery systems.

Abbreviations: CHW=Community Health Worker; COPD=Chronic Obstructive Pulmonary Disease; HCV=Hepatitis C; PrEP=Pre-exposure prophylaxis; RCT = randomized clinical trial; SBP = systolic blood pressure; BP = blood pressure

Table E.1. References

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