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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, 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 in 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.
- 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. Bibliographies of peer reviewed articles from organizations websites were

scanned. No unique eligible reports were identified. Information from the search of websites was used to contextualize the published search results.

- Journal Table of Contents. Learning Health Systems, (Online ISSN:2379-6146) table of contents were browsed from 2017-2022.

Appendix Table A.1. Websites Grey Literature

Websites Searched November 2022	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

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 (difference* 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.

II Questions for Key Informants

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

1. What patient-level and health professional-level efforts has your organization or institution employed to reduce racial and ethnic disparities in chronic conditions healthcare and health outcomes?
 - a. Can you describe the rationale for this effort, for instance what was driving the decision of the problem and the solution/intervention? Was the intervention successful or not? What were the challenges? How are you measuring disparities and evaluating interventions?
2. Do you engage community partnerships in your approach? If so, how?
3. Are there similar approaches you are aware of? Which other entity is trying similar approaches?
4. Are there concepts, or conceptual frameworks, that are important in understanding the patient-level and health professional-level interventions to reduce racial/ethnic disparities in health and healthcare?
5. How do you identify social identity groups that are not being served, and how do you prioritize which groups for designing interventions? What are the challenges?
6. How does your organization tailor the patient-level and health professional-level approach to reach racial and ethnic that may be marginalized due to other factors (such as disability status, income, sexual identity and orientation etc.)? Which of these factors have been most challenging to address and why?
7. What concerns do you have about the sustainability of patient-level and health professional-level strategies/interventions intended to address racial and ethnic disparities in health and healthcare?
8. Gray literature: What are prominent sources where you obtain information on patient-level and health professional-level strategies/interventions? Who has conducted such interventions?
9. What information and resource does your organization or institution need to be more effective in incorporating patient-level and health professional-level interventions in reducing racial and ethnic disparities in health and healthcare?
10. What are current gaps in the research and what future research is needed most?

Questions for patient advocates, families, caregivers

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 etc.) 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?

Appendix B. Inclusion Criteria

Element	Included	Excluded
Population	<ul style="list-style-type: none"> ● 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) ● Health Professionals providing healthcare for racial and ethnic minority adults with common chronic conditions 	<ul style="list-style-type: none"> ● Non-U.S populations
Interventions	<ul style="list-style-type: none"> ● Healthcare system strategies that are specifically targeted to reduce racial and ethnic minority health and healthcare disparities at population-level with relevant links to healthcare system ● Strategies specifically targeted to reduce racial and ethnic minority health and healthcare disparities at health care organization-level (e.g structure of the organization) ● Strategies with community involvement with relevant links to healthcare system 	<ul style="list-style-type: none"> ● 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 ● 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 a healthcare system ● Interventions aimed at medical school students, pharmacy students, and other allied health students
Comparators	<ul style="list-style-type: none"> ● Standard care ● Alternative strategy/intervention 	
Outcomes	<ul style="list-style-type: none"> ● Health-related outcome measures (e.g., disease specific morbidity and mortality, BP control, Hba1c levels) ● Process of care measures ● Care utilization outcome measures ● Barriers to care measures ● Financial/re-imbusement measures ● Harms (e.g., unintended negative consequences) ● Stigma other related experience of discrimination 	
Timing	Any	
Settings	Any; no exclusion based on type of healthcare provider organization	
Study design	randomized controlled trial study design, non-randomized study designs (non-randomized	Stand-alone qualitative studies, systematic reviews, narrative reviews, case reports, case series protocols, conference abstracts

	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), mixed-method study designs	
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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=202 not patient/clinician, publication list is available in [TB2 reference])

1. Abbott LS, Slate EH, Graven LJ. Cardiovascular disease risk among rural residents living with diabetes and prediabetes: A cluster randomized trial. *Public Health Nurs.* 2020;37(1):16-24. doi: 10.1111/phn.12659. PMID: 31489717. I
2. 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
3. Apter AJ, Morales KH, Han X, et al. A patient advocate to facilitate access and improve communication, care, and outcomes in adults with moderate or severe asthma: Rationale, design, and methods of a randomized controlled trial. *Contemp Clin Trials.* 2017;56:34-45. doi: 10.1016/j.cct.2017.03.004. PMID: 28315481. S
4. Ashing KT, George M. Exploring the efficacy of a paraprofessional delivered telephonic psychoeducational intervention on emotional well-being in African American breast cancer survivors. *Support Care Cancer.* 2020;28(3):1163-71. doi: 10.1007/s00520-019-04899-7. PMID: 31203512. S
5. Babatunde OA, Arp Adams S, Truman S, et al. The impact of a randomized dietary and physical activity intervention on chronic inflammation among obese African-American women. *Women Health.* 2020;60(7):792-805. doi: 10.1080/03630242.2020.1746950. PMID: 32248760. 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. Barnhart WR, Whalen Smith CN, Coleman E, et al. Living Independent From Tobacco reduces cigarette smoking and improves general health status among long-term tobacco users with disabilities. *Disab Health J.* 2020;13(3):100882. doi: 10.1016/j.dhjo.2019.100882. PMID: 31917121. P
8. 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
9. 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
10. Berkley-Patton J, Bowe Thompson C, Bauer AG, et al. A Multilevel Diabetes and CVD Risk Reduction Intervention in African American Churches: Project Faith Influencing Transformation (FIT) Feasibility and Outcomes. *J Racial Ethnic Health Dispar.* 2020;7(6):1160-71. doi: 10.1007/s40615-020-00740-8. PMID: 32329033. S
11. Bernhart JA, Turner-McGrievy GM, Wilson MJ, et al. NEW Soul in the neighborhood-reach and effectiveness of a dissemination and implementation feasibility study. *Transl Behav Med.* 2023 Jan 23. doi: 10.1093/tbm/ibac080. PMID: 36689305. S
12. Bevel M, Babatunde OA, Heiney SP, et al. Sistas Inspiring Sistas Through Activity and Support (SISTAS): Study Design and Demographics of Participants. *Ethn Dis.* 2018;28(2):75-84. doi: 10.18865/ed.28.2.75. PMID: 29725191. X

13. Borrayo EA, Rosales M, Gonzalez P. Entertainment-Education Narrative Versus Nonnarrative Interventions to Educate and Motivate Latinas to Engage in Mammography Screening. *Health Educ Behav.* 2017;44(3):394-402. doi: 10.1177/1090198116665624. PMID: 27553361. I
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. Cabassa LJ, Manrique Y, Meyreles Q, et al. Bridges to Better Health and Wellness: An Adapted Health Care Manager Intervention for Hispanics with Serious Mental Illness. *Adm Policy Ment Health.* 2018;45(1):163-73. doi: 10.1007/s10488-016-0781-y. PMID: 27988820. S
17. Campos NG, Scarinci IC, Tucker L, et al. Cost-Effectiveness of Offering Cervical Cancer Screening with HPV Self-Sampling among African-American Women in the Mississippi Delta. *Cancer Epidemiol Biomarkers Prev.* 2021;30(6):1114-21. doi: 10.1158/1055-9965.Epi-20-1673. PMID: 33771846. S
18. Carrington MJ, Zimmet PZ. Nurse co-ordinated health and lifestyle modification for reducing multiple cardio-metabolic risk factors in regional adults: outcomes from the MODERN randomized controlled trial. *Eur J Cardiovasc Nurs.* 2022;21(1):26-35. doi: 10.1093/eurjcn/zvab042. PMID: 33899090. P
19. 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
20. 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
21. 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
22. Chu Q, Wu IHC, Lu Q. Expressive writing intervention for posttraumatic stress disorder among Chinese American breast cancer survivors: the moderating role of social constraints. *Qual Life Res.* 2020;29(4):891-9. doi: 10.1007/s11136-019-02385-5. PMID: 31900761. I
23. Cohen AJ, Richardson CR, Heisler M, et al. Increasing Use of a Healthy Food Incentive: A Waiting Room Intervention Among Low-Income Patients. *Am J Prev Med.* 2017;52(2):154-62. doi: 10.1016/j.amepre.2016.11.008. PMID: 28109458. I
24. 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
25. Collins DA, Shamblen SR, Strader TN, et al. Evaluation of an evidence-based intervention implemented with African-American women to prevent substance abuse, strengthen relationship skills and reduce risk for HIV/AIDS. *AIDS Care.* 2017;29(8):966-73. doi: 10.1080/09540121.2017.1286285. PMID: 28276255. I
26. Cook RL, Weber KM, Mai D, et al. Acceptability and feasibility of a randomized clinical trial of oral naltrexone vs. placebo for women living with HIV infection: Study design challenges and pilot study results. *Contemp Clin Trials.* 2017;60:72-7. doi: 10.1016/j.cct.2017.06.012. PMID: 28642209. P

27. Crist K, Full KM, Linke S, et al. Health effects and cost-effectiveness of a multilevel physical activity intervention in low-income older adults; results from the PEP4PA cluster randomized controlled trial. *Int J Behav Nutr Phys Act.* 2022;19(1):75. doi: 10.1186/s12966-022-01309-w. PMID: 35761363. P
28. 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
29. Cuaresma CF, Sy AU, Nguyen TT, et al. Results of a lay health education intervention to increase colorectal cancer screening among Filipino Americans: A cluster randomized controlled trial. *Cancer.* 2018;124:1535-42. doi: 10.1002/encr.31116. PMID: 29578603. I
30. Cummings DM, Lutes LD, Littlewood K, et al. Impact of Distress Reduction on Behavioral Correlates and A1C in African American Women with Uncontrolled Type 2 Diabetes: Results from EMPOWER. *Ethn Dis.* 2017;27(2):155-60. doi: 10.18865/ed.27.2.155. PMID: 28439186. I
31. DiClemente RJ, Rosenbaum JE, Rose ES, et al. Horizons and Group Motivational Enhancement Therapy: HIV Prevention for Alcohol-Using Young Black Women, a Randomized Experiment. *Am J Prev Med.* 2021;60(5):629-38. doi: 10.1016/j.amepre.2020.11.014. PMID: 33678517. I
32. Dingwall KM, Sweet M, Cass A, et al. Effectiveness of Wellbeing Intervention for Chronic Kidney Disease (WICKD): results of a randomised controlled trial. *BMC Nephrol.* 2021;22(1):136. doi: 10.1186/s12882-021-02344-8. PMID: 33866968. P
33. Dixit N, Sarkar U, Trejo E, Couey P, Rivadeneira NA, Ciccarelli B, Burke N. Catalyzing Navigation for Breast Cancer Survivorship (CaNBCS) in Safety-Net Settings: A Mixed Methods Study. *Cancer Control.* 2021 Jan-Dec;28:10732748211038734. doi: 10.1177/10732748211038734. PMID: 34657452. S
34. 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
35. Dressel A, Schneider R, DeNemie M, et al. Assessing Health Promotion Interventions: Limitations of Traditional Research Methods in Community-Based Studies. *Health Promot Pract.* 2018;19(4):573-80. doi: 10.1177/1524839917725489. PMID: 28882076. S
36. Eaton LA, Kalichman SC, Kalichman MO, et al. Randomised controlled trial of a sexual risk reduction intervention for STI prevention among men who have sex with men in the USA. *Sex Transm Infect.* 2018;94(1):40-5. doi: 10.1136/sextrans-2016-052835. PMID: 28404766. I
37. Eggly S, Hamel LM, Foster TS, et al. Randomized trial of a question prompt list to increase patient active participation during interactions with black patients and their oncologists. *Patient Educ Couns.* 2017;100(5):818-26. doi: 10.1016/j.pec.2016.12.026. PMID: 28073615. D
38. Ferdinand KC, Seman L, Salsali A. Design of a 24-week trial of empagliflozin once daily in hypertensive black/African American patients with type 2 diabetes mellitus. *Curr Med Res Opin.* 2018;34(2):361-7. doi: 10.1080/03007995.2017.1405800. PMID: 29139301. S
39. 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
40. Flentje A. AWARENESS: Development of a cognitive-behavioral intervention to address intersectional minority stress for sexual minority men living with HIV who use substances. *Psychotherapy (Chic).* 2020;57(1):35-49. doi: 10.1037/pst0000243. PMID: 31368744. S
41. Ford ME, Cannady K, Nahhas GJ, et al. Assessing an intervention to increase knowledge related to cervical cancer and the HPV vaccine. *Adv Cancer Res.* 2020;146:115-37. doi: 10.1016/bs.acr.2020.01.007. PMID: 32241386. I
42. Francis DB, Noar SM, Fortune DA, et al. "Be Straight Up and So Will He": Evaluation of a Novel HIV Prevention Condom Distribution and Health Communication Intervention Targeting Young African American Females. *AIDS Educ Prev.* 2018;30(2):137-51. doi: 10.1521/aeap.2018.30.2.137. PMID: 29688776. I

43. Frerichs L, Bess K, Young TL, et al. A Cluster Randomized Trial of a Community-Based Intervention Among African-American Adults: Effects on Dietary and Physical Activity Outcomes. *Prevention Science*. 2020;21(3):344-54. doi: 10.1007/s11121-019-01067-5. PMID: 31925605. I
44. Frye V, Nandi V, Hirshfield S, et al. Brief Report: Randomized Controlled Trial of an Intervention to Match Young Black Men and Transwomen Who Have Sex With Men or Transwomen to HIV Testing Options in New York City (All About Me). *J Acquir Immune Defic Syndr*. 2020;83(1):31-6. doi: 10.1097/qai.0000000000002223. PMID: 31809359. I
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Appendix D. Evidence Tables

Table D.1. Evidence map of included studies

Study (PMID) Study Design Study Setting Study Location (State)	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 in BOLD) Harms	Effect Code for Primary Outcome	Community Involvement (Yes/No) Applicability (Yes/No) Sustainability (Yes/No) Funding
Blow, 2017 ¹ (28127808) RCT Hospital MI	780 31 years 56% Black 52.2%, White 39.2% HIV NR	Prevention/Lifestyle support Virtual health counseling 12 months Patient Provider/Clinician	Standard/usual care	Clinical outcomes Drug use at 6 and 12 months , weighted drug- days and days of marijuana use NR	No effect	No No No Government
Bouchard, 2019 ² (30285186) RCT Clinic IL	181 68 years 74% White 56%, Black 39%, Hispanic 3%, Asian 1% Cancer NR	Self-management support Cognitive behavioral stress management 12 months Patient Provider/Clinician	Head-to-Head	Patient experience of care Participant engagement and acceptability of tablet-delivered CBSM NR	Mixed	No No No Government
Boulware, 2020 ³ (31705466) RCT Clinic MD	159 57 years 74% African American Hypertension NR	Self-management support Disease management support, home BP monitor 12 months Patient Community Health Worker	Head-to-Head	Clinical outcomes BP control (JNC-7) , BP change NR	No effect	No No No Academic
Bruhl, 2020 ⁴ (32151753) RCT Clinic TX	263 NR NR Black Asthma NR	Self-management support Disease management support via telephone and guidebook 12 months Patient + Health	Head-to-Head	Process of care; care utilization; clinical outcomes Asthma control (ACT), asthma quality of life (MiniAQLQ), and ED visits over the previous	Mixed	No No No Nonprofit

Study (PMID) Study Design Study Setting Study Location (State)	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 in BOLD) Harms	Effect Code for Primary Outcome	Community Involvement (Yes/No) Applicability (Yes/No) Sustainability (Yes/No) Funding
		professional Provider/Clinician		12 months. NR		
Cabral, 2018 ⁵ (29306990) Observational-Cohort Clinic FL, NY	348 39 years 26% African American 52%, Hispanic 44%, Other, unspecified 4% HIV NR	Self-management support Peer Navigation 12 months Patient Peer/Lay Community Outreach	Standard/usual care	Care utilization; clinical outcomes Retention in care and viral suppression at 12 months NR	No effect	No No No Nonprofit
Calderon-Mora, 2020 ⁶ (31455085) RCT Community-based TX	300 44 years 100% Hispanic/Latino Cancer NR	Patient education Patient education, screening 1 year Patient Community Health Worker	Standard/usual care	Care Utilization Self-reported cervical cancer screening at 4 months , a comparison of change scores in constructs from the HBM, TRA, and SCT NR	No effect	Yes No No Government
Calman, 2018 ⁷ (29415785) Observational-Cohort FQHC TX	4595 50 years 58% Hispanic/Latino 37%, Black 27.9%, White 23.9%, Asian 2.3%, American Indian 0.4% Diabetes NR	Care coordination Multi-faceted care plan 4 years Patient Multiple	Pre-post	Clinical outcomes Percentage of patients with diabetes who had HbA1c >9% NR	Positive	No No No NR
Carlson, 2021 ⁸ (33410359) RCT Clinic OH	175 NR 0% 85% Black/African American, 7% White, 2% Asian/PI	Single component - other Screening outreach events 3 years Patient Multiple	Head-to-Head	Process of care Prostate screening decision, knowledge improvement NR	No effect	No No No Foundation

Study (PMID) Study Design Study Setting Study Location (State)	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 in BOLD) Harms	Effect Code for Primary Outcome	Community Involvement (Yes/No) Applicability (Yes/No) Sustainability (Yes/No) Funding
	Cancer NR					
Carrasquillo, 2017 ⁹ (28459925) RCT Clinic FL	300 55 years 33% Hispanic/Latino Diabetes NR	Care coordination Disease management support 1 year Patient Community Health Worker	Standard/usual care	Clinical outcomes Systolic blood pressure, low-density lipoprotein cholesterol levels, and HbA1c levels , body mass index, medication regimen intensification, and self-reported measures of diet, physical activity, and medication regimen adherence. NR	Mixed	No No No Government
Chandler, 2019 ¹⁰ (30959858) RCT Clinic SC	54 45 years 65% Hispanic/Latino Hypertension NR	Single component- mHealth Mobile app medication adherence 9 months Patient + Health Professional Other	Head-to-Head	Clinical outcomes Changes in clinic based systolic blood pressure NR	Positive	No No No Government
Chang, 2018 ¹¹ (30024805) RCT Clinic FL	300 55 years 55% Hispanic/Latino Diabetes NR	Care coordination Health education, counseling, navigation, social support 52 weeks Patient Community Health Worker	Standard/usual care	Equity of service Self-reported access to care , EHR (health care utilization, including primary care clinic visits, hospitalizations, and emergency department) NR	Mixed	Yes No No Academic
Chao, 2017 ¹² (28035649) Observational-Cohort Clinic FL	100 50 years 85% African American 78%, Asian 11%, Hispanic	Patient education Patient education 2 months Patient Researcher/Admin	Standard/usual care	Process of care Knowledge, perceived risk for developing melanoma, and skin self-examination	Mixed	No No No Academic

Study (PMID) Study Design Study Setting Study Location (State)	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 in BOLD) Harms	Effect Code for Primary Outcome	Community Involvement (Yes/No) Applicability (Yes/No) Sustainability (Yes/No) Funding
	11% Cancer NR			practices NR		
Christy, 2019 ¹³ (29177920) RCT FQHC FL	270 56 years 58% White 67%, Black 26%, Other, unspecified 7% Cancer NR	Patient education Patient education 12 months Patient Provider/Clinician	Standard/usual care	Process of care Awareness, health beliefs NR	No effect	No No No Government
Colson, 2020 ¹⁴ (32385678) RCT Clinic NY	204 35 years 5% Black HIV NR	Patient navigation Peer navigation, support groups, text message reminders 12 months Patient Peer/Lay Community Outreach	Standard/usual care	Process of care Medication adherence NR	No effect	Yes No No Government
Corrigan, 2017 ¹⁵ (8093056) RCT Public Health System IL	67 52 years 39% African American Mental Health NR	Patient navigation Peer navigation 12 months Patient Peer/Lay Community Outreach	Standard/usual care	Clinical outcomes General health status, psychological experience of physical health, recovery NR	Positive	No No No Government
Cunningham, 2018 ¹⁶ (29532059) RCT Clinic CA	356 40 years 0% (15% other gender) Black 45%, Hispanic 29%, White 26% HIV NR	Patient navigation Peer navigation 12 months Patient Patient Navigator (employee)	Standard/usual care	Process of care; care utilization; clinical outcomes Viral suppression, linkage to care, retention to HIV care, Current ART use, retention and adherence knowledge, physical	Positive	Yes No No Government

Study (PMID) Study Design Study Setting Study Location (State)	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 in BOLD) Harms	Effect Code for Primary Outcome	Community Involvement (Yes/No) Applicability (Yes/No) Sustainability (Yes/No) Funding
				health, mental health NR		
Dang, 2017 ¹⁷ (28051357) RCT Hospital FL	61 55 years 36% White 75%, Black 25% Cardiovascular disease NR	Self-management support Mobile phone-assisted case management 3 months Patient Provider/Clinician	Standard/usual care	Process of care Self-Efficacy for Managing Chronic Disease, health distress scale, general health NR	Mixed	No No No NR
Daugherty, 2021 ¹⁸ (34913976) RCT Clinic CO	960 60 years 60% Black 55%, White 45% Hypertension NR	Self-management support Writing exercise delivered immediately prior to a clinic appointment 6 months Patient Provider/Clinician	Standard/usual care	Process of care Adherence to BP medications , systolic and diastolic BP NR	No effect	No No No Government
Daumit, 2020 ¹⁹ (32530472) RCT Clinic MD	269 49 years 53% White 51%, Black 46% Cardiovascular disease NR	Prevention/Lifestyle support Health coach and nurse counseling, care coordination 18 months Patient Provider/Clinician	Standard/usual care	Clinical outcomes Change in the risk of cardiovascular disease from the global Framingham Risk Score NR	Positive	No No No Government
Dawson-Rose, 2017 ²⁰ (29229000) RCT Clinic CA	208 45 years 23% Black 40%, Caucasian 31%, Hispanic 17% HIV NR	Prevention/Lifestyle support Computer-administered or clinician- administered SBIRT 6 months Patient Provider/Clinician	Head-to-Head	Clinical outcomes Specific Substance Involvement Scores NR	Mixed	No No No Government

Study (PMID) Study Design Study Setting Study Location (State)	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 in BOLD) Harms	Effect Code for Primary Outcome	Community Involvement (Yes/No) Applicability (Yes/No) Sustainability (Yes/No) Funding
DeGroff, 2017 ²¹ (28676254) RCT Hospital MA	843 55 years 56% Hispanic 40%, Black 40%, White 15%, other, unspecified 5% Cancer NR	Patient navigation Bilingual lay navigators provided individualized education 6 months Patient Patient Navigator (employee)	Standard/usual care	Process of care Colonoscopy within 6 months NR	Positive	Yes No No Government
Denizard-Thompson, 2020 ²² (32381556) RCT Clinic NC	450 57 years 54% White 57%, African American 38%, Hispanic 2% Cancer NR	Single component- mHealth Decision aid, guided patient self-ordering of tests, follow-up electronic message reminders 24 weeks Patient Provider/Clinician	Standard/usual care	Process of care Chart-verified completion of a colorectal cancer screening test within 24 weeks NR	Positive	No No No Government
Dougherty, 2021 ²³ (33638816) Observational-Cohort Hospital OH	341 48 years 0% African American Cancer NR	Patient education Culturally tailored education 12 months Patient Researcher/Admin	Pre-post	Process of care Knowledge assessment NR	Mixed	Yes No No Multiple
DuHamel, 2020 ²⁴ (31742670) RCT Hospital NY	304 60 years 62% Hispanic/Latino Cancer NR	Patient navigation Patient navigation, CDC print materials, culturally target materials for Latinos 12 months Patient Patient Navigator (employee)	Head-to-Head	Process of care Screening colonoscopy NR	No effect	No No No Government

Study (PMID) Study Design Study Setting Study Location (State)	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 in BOLD) Harms	Effect Code for Primary Outcome	Community Involvement (Yes/No) Applicability (Yes/No) Sustainability (Yes/No) Funding
Eck, 2021 ²⁵ (34264812) QI FQHC NC	93 58 years 44% Black 65%, Hispanic 30% Hypertension NR	Self-management support Patient education 1 year Patient Provider/Clinician	Pre-post	Process of care Self-monitoring blood pressure NR	Positive	No No No Foundation
Egede, 2017 ²⁶ (28581821) RCT Clinic SC	113 55 years 81% Black 75%, White 21% Diabetes NR	Single component- mHealth Telehealth monitoring device with a case manager 6 months Patient + Health Professional Provider/Clinician	Standard/usual care	Clinical outcomes HbA1c NR	Positive	No No No Government
Egede, 2017 ²⁷ (28337686) RCT Hospital SC	255 53 years 45% African American Diabetes NR	Self-management support Telephone-delivered behavior skills 12 months Patient Provider/Clinician	Head-to-Head	Clinical outcomes HbA1c NR	No effect	No No No Government
Eggle, 2017 ²⁸ (28073615) QI Hospital MI	114 57 years 90% Black Cancer NR	Single component - other Communication coach, communication guide booklet 2 weeks Patient + Health Professional Provider/Clinician	Standard/usual care	Process of care Observational measures: patient active participation, oncologist-Patient talk time ratio, oncologist patient-centered communication, self-reported measures: patient-centeredness, patient role in treatment decisions, patient trust in	Mixed	No No No Government

Study (PMID) Study Design Study Setting Study Location (State)	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 in BOLD) Harms	Effect Code for Primary Outcome	Community Involvement (Yes/No) Applicability (Yes/No) Sustainability (Yes/No) Funding
				oncologist NR		
Ell, 2017 ²⁹ (28684357) Oh, 2018 ³⁰ (29588293) RCT Clinic CA	348 56 years 85% Hispanic/Latino Mental health, diabetes NR	Self-management support Bilingual promotoras, psychoeducational sessions 12 months Patient + Health Professional Community Health Worker	Standard/usual care	Process of care; clinical outcomes Receipt of depression care, prescription adherence, symptom improvement NR	No effect	No No No Nonprofit
Fang, 2017 ³¹ (27869293) RCT Community-based PA, NJ	705 53 years 100% Asian Cancer NR	Patient navigation Culturally relevant cancer education program, patient navigation 12 months Patient Patient Navigator (employee)	Standard/usual care	Equity of service Cervical cancer screening in the 12 months , assessment of navigation services NR	Positive	No No No Foundation
Feldman, 2020 ³² (31541606) RCT Clinic NY	495 NR 57% Black 70%, Hispanic 30% Hypertension NR	Transition of care Health coaching in home care 12 months Patient Provider/Clinician	Standard/usual care	Clinical outcomes Systolic blood pressure NR	No effect	No No No Government
Fleming, 2018 ³³ (29309089) RCT FQHC CA	3415 60 years 57% White 33%, Asian 25%, Hispanic 22%. African American 22%	Patient education In person conversation, telephone, or letter about screening 12 months	Head-to-Head	Care utilization FIT returns NR	Positive	No No No Foundation

Study (PMID) Study Design Study Setting Study Location (State)	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 in BOLD) Harms	Effect Code for Primary Outcome	Community Involvement (Yes/No) Applicability (Yes/No) Sustainability (Yes/No) Funding
	Cancer NR	Patient Provider/Clinician				
Fortmann, 2017 ³⁴ (28600309) RCT FQHC CA	126 48 years 75% Hispanic/Latino Hypertension, diabetes NR	Single component- mHealth Motivational, educational, and/or call- to-action text messages 6 months Patient Researcher/Admin	Standard/usual care	Clinical outcomes HbA1c , lipids, blood pressure, BMI NR	Positive	No No No Foundation
Fung, 2018 ³⁵ (29578592) RCT Clinic CA	395 60 years 81% Asian Cancer NR	Prevention/Lifestyle support Education seminars 2 months Patient Researcher/Admin	Head-to-Head	Process of care Changes in knowledge, attitudes, and screening completion/intent NR	Mixed	Yes No No Government
Green, 2019 ³⁶ (3571190) RCT Clinic TX	838 48 years 65% White 49%, Asian 27%, Black 16% Cancer NR	Single component: financial incentives Mailings with monetary incentive to increase screening 1 year Patient Provider/Clinician	Head-to-Head	Process of care Completion of any colorectal cancer screening ; FIT or colonoscopy completion NR	No effect	No No No Government
Hazard Vallerand, 2018 ³⁷ (29466352) RCT Clinic MI	310 55 years 65% African American Cancer NR	Self-management support Nurse-delivered home and telephone intervention 12 weeks Patient Provider/Clinician	Standard/usual care	Clinical outcomes Pain, distress, function NR	Mixed	No No No Government
Heisler, 2019 ³⁸ (31027477)	300 63 years	Self-management support	Head-to-Head	Clinical outcomes A1c , blood pressure,	No effect	No No

Study (PMID) Study Design Study Setting Study Location (State)	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 in BOLD) Harms	Effect Code for Primary Outcome	Community Involvement (Yes/No) Applicability (Yes/No) Sustainability (Yes/No) Funding
RCT Hospital MI	3% Black 62%, White 36% Diabetes NR	Peer coaching, weekly phone calls 12 months Patient Peer/Lay Community Member		diabetes social support NR		No Government
Hightow-Weidman, 2021 ³⁹ (33740213) RCT Clinic FL, IL, NY, LA, NC	146 21 years Black 80%, White 13% HIV NR	Self-management support Behavioral intervention mobile app 39 weeks Patient Patient Navigator (employee)	Head-to-Head	Process of care Viral load suppression, engagement in care, ART uptake, ART adherence NR	NR	No No No Government
Hoffman, 2017 ⁴⁰ (28001305) RCT Clinic TX	88 57 years 70% African American Cancer NR	Single component Patient entertainment- education 3 months Patient Provider/Clinician	Head-to-Head	Process of care Ordered screening test, completed screening at 3 months NR	Mixed	No No No Multiple
Horny, 2017 ⁴¹ (29162073) Observational-Cohort Hospital MA	292 56 years 55% Latino 45%, Black 44% Diabetes NR	Patient navigation Patient navigation 180 days Patient Peer/Lay Community Outreach	Standard/usual care	Process of care; clinical outcomes; care utilization A1C, low-density lipoprotein cholesterol, triglycerides, random urine microalbumin, appointment attendance NR	Mixed	No No No Foundation
Mayer, 2019 ⁴² (31441328) RCT Community-based NY	402 44 years 85% Latino 73%, Black 23%	Prevention/Lifestyle support Patient education 6 months Patient	Standard/usual care	Clinical outcomes Achieved 5% weight loss, reduced probability of developing diabetes	Mixed	Yes No No Government

Study (PMID) Study Design Study Setting Study Location (State)	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 in BOLD) Harms	Effect Code for Primary Outcome	Community Involvement (Yes/No) Applicability (Yes/No) Sustainability (Yes/No) Funding
	Diabetes NR	Peer/Lay Community Outreach		over the next 7.5 years NR		
Mehranbod, 2019 ⁴³ (31820116) RCT Clinic CA	301 57 years 45% Latino 70%, African American 30% Diabetes NR	Single component- other Automated telephone reminder system 7 weeks Patient Other	Standard/usual care	Care utilization Show Rates for Diabetic Retinopathy Screening NR	Positive	No No No Foundation
Menon, 2022 ⁴⁴ (34895775) RCT FQHC OH, AZ	69 47 years 84% Hispanic/Latino Diabetes, mental health NR	Self-management support Health coaching phone calls and in-person visits 6 months Patient Patient Navigator (employee)	Standard/usual care	Clinical outcomes Decreased HBA1c, anxiety and depression, increased self-efficacy NR	Positive	No No No Government
Molina, 2018 ⁴⁵ (28933653) RCT Hospital IL	2536 59 years 100% African American Cancer NR	Patient navigation Patient Navigation 2 years Patient Patient Navigator (employee)	Standard/usual care	Process of care Adherence to initial referral and time to a definitive diagnosis (cancer/not cancer) NR	Positive	Yes No No Government
Brown, 2022 ⁴⁶ (35849139) RCT Nonprofit System CA	1087 NR 100% Asian 37%, White 26%, Hispanic 24%, Black 5%, Pacific Islander 5% Diabetes NR	Prevention/Lifestyle support Telehealth diabetes prevention lifestyle program 6 weeks – 6 months Patient Provider/Clinician	Standard/usual care	Patient experience of care Acceptability of behavior change techniques, acceptability of program components, and perceived success NR	Mixed	No Yes No Nonprofit

Study (PMID) Study Design Study Setting Study Location (State)	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 in BOLD) Harms	Effect Code for Primary Outcome	Community Involvement (Yes/No) Applicability (Yes/No) Sustainability (Yes/No) Funding
Mayberry, 2017 ⁴⁷ (27595710) Pre-post FQHC TN	80 50 years 68% Black/African American 68%, Hispanic/Latino 7%, Other (unspecified) 6% Diabetes NR	Self-management support MEssaging for Diabetes (MED): includes daily text messages and weekly automated calls using interactive voice response (IVR) technology 3 months Patient Other	Pre-post	Clinical outcomes HbA1c NR	Mixed	No No No Multiple
Nelson, 2017 ⁴⁸ (28182863) Gray, 2021 ⁴⁹ (34424331) RCT Other WV	287 53 years 48.8% White 45.6%, Black 26.5%, AI/AN 6%, Asian 5.7%, Multiracial 7%; Other (unspecified) 9.2% Diabetes NR	Self-management support Peer Support for Achieving Independence in Diabetes (Peer-AID): low-intensity CHW diabetes self- management intervention in which a local health department provided CHW services to a community health center, public hospital, and US Department of Veterans Affairs (VA) hospital 12 months Patient CHW	Standard/usual care	Clinical outcomes HbA1c , blood pressure QoL, healthcare utilization NR	No effect	Yes No No Government
Patel, 2017 ⁵⁰ (28034579) RCT	422 43 years 100%	Self-management support Telephone-based self-	Standard/usual care	Clinical outcomes, care utilization Symptoms, asthma	Positive	No No

Study (PMID) Study Design Study Setting Study Location (State)	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 in BOLD) Harms	Effect Code for Primary Outcome	Community Involvement (Yes/No) Applicability (Yes/No) Sustainability (Yes/No) Funding
Other MI	African American Asthma NR	regulation intervention: The program was delivered by trained health educators through a series of 6 telephone counseling sessions (30-45 minutes in duration, 2 weeks apart) 24 months Patient Other		control, QoL, healthcare utilization NR		No Government
Patel, 2021 ⁵¹ (34468691) RCT Other PA	500 59 years 69.6% Black 66.2%, white 22.8%, other (unspecified) 11% Cardiovascular disease NR	Self-management support Evaluation of the Novel Use of Gamification With Alternative Goal- setting Experience (ENGAGE): All participants used a wearable device to track daily steps, established a baseline level, and were then randomly assigned to an attention control or 1 of 4 gamification interventions that varied only on how daily step goals were set (self- chosen or assigned) and implemented (immediately or gradually) 24 weeks	Head-to-Head	Process of care Changes in daily steps (9-16 weeks) , change in daily steps (baseline to 8 week follow-up) NR	Positive	No No No Academic

Study (PMID) Study Design Study Setting Study Location (State)	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 in BOLD) Harms	Effect Code for Primary Outcome	Community Involvement (Yes/No) Applicability (Yes/No) Sustainability (Yes/No) Funding
		Patient Other				
Payan, 2020 ⁵² (32449396) RCT Hospital CA	240 52 years 100% Hispanic/Latino Cancer NR	Single component- other Group 1 (CUIDARSE brochure) received the formatively developed Spanish-language breast health brochure featuring four fictional narratives from Latinas with varying BC risk levels; For Group 2 (CHW-delivered CUIDARSE brochure), a CHW verbally reviewed content from the CUIDARSE brochure in a 15-20 minute session 3 months Patient CHW	Head-to-Head	Process of care Knowledge, perceived susceptibility, self- efficacy NR	Positive	No No No Government

Study (PMID) Study Design Study Setting Study Location (State)	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 in BOLD) Harms	Effect Code for Primary Outcome	Community Involvement (Yes/No) Applicability (Yes/No) Sustainability (Yes/No) Funding
Pekmezaris, 2019 ⁵³ (30418101) RCT Hospital NY	104 60 years 43% Black 69%, Hispanic 31% Cardiovascular disease NR	Self-management support Telehealth self- monitoring (TSM): TSM comprised two main components: (1) daily vital signs self- monitoring and (2) weekly telehealth visits between the patient and the research nurse coordinator 90 days Patient Researcher/Admin	Head-to-Head	Clinical outcomes; care utilization; avoidable hospital admission ED visits, hospitalization, depression, anxiety NR	No effect	Yes No No Nonprofit
Presley, 2020 ⁵⁴ (32700215) RCT Hospital AL	120 55 years 69% African American Diabetes NR	Self-management support Community-based diabetes self- management education (DSME) plus mobile health (mHealth)– enhanced peer support intervention 6 months Patient CHW	Head-to-Head	Clinical outcomes A1c , diabetes distress, depressive symptoms, self-efficacy NR	No effect	No No No Academic
Rao, 2018 ⁵⁵ (29528941) Observational-Cohort HIV clinic IL, AL	239 47 years 100% African American HIV NR	Self-management support UNITY Workshops: an African American woman living with HIV (i.e., a peer) serving as the primary facilitator 1 year	Head-to-Head	Process of care HIV-related stigma, social support NR	No effect	No No No Government

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		Patient Peer/Lay community outreach				
Reuland, 2017 ⁵⁶ (28505217) RCT Community-based NC, NM	265 58 years 65% Latino 62%, non-Latino white 15%, non-Latino Black or mixed race 23% Cancer NR	Patient navigation Combination decision aid plus patient navigation NR Patient Peer navigator	Standard/usual care	Process of care CRC screening NR	Positive	Yes No No Multiple
Ritchie, 2019 ⁵⁷ (29986597) Observational-Cohort Hospital CO	1140 48 years 77.5% Hispanic 58.9%, non- Hispanic white 21.5%, non-Hispanic black 19.8% Diabetes NR	Single component - other The National Diabetes Prevention Program (NDPP): lifestyle intervention 1 year Patient Other	Head-to-Head	Process of care Duration & intensity of NDPP attendance, weight loss NR	Positive	No No No Multiple
Roussi, 2018 ⁵⁸ (28810355) RCT Clinic PA	128 47 years 0% African American 52%, Caucasian 48% Cancer NR	Single component - other Cognitive–affective preparation 6 months Patient Researcher/Admin	Head-to-Head	Process of care Knowledge NR	Mixed	No No No Government
Rovner, 2020 ⁵⁹ (32043561) RCT Clinic PA	101 68 years 62% African American Diabetes NR	Care coordination Two white providers delivered standardized treatment and diabetes education tailored to participants cognitive abilities	Head-to-Head	Clinical outcomes HbA1c NR	No effect	No No No Government

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		6 months Patient Provider/Clinician				
Samuel-Hodge, 2022 ⁶⁰ (35422132) Pre-post FQHC NC	255 72.2% 57 years Non-Hispanic Black 87.4%, Non-Hispanic white 9.9% Cardiovascular disease NR	Prevention/Lifestyle support The CHANGE Intervention: A CHW- delivered, low-intensity, 4-month behavioral lifestyle intervention promoting a southern- style Mediterranean dietary pattern and physical activity 4 months Patient CHW	Pre-post	Process of care Weight, blood pressure, self-reported dietary and physical activity behaviors NR	Mixed	Yes No No Government
Schneider, 2021 ⁶¹ (33306562) RCT Other IL	413 26 years Black 0% (6% trans/feminine) HIV NR	Prevention/Lifestyle support The intervention is composed of 2 parts: (1) a half-day, small group training workshop led by intervention staff and (2) a series of check-in calls (or “boosters”) between intervention staff and participants 110 weeks Patient Researcher/Admin NR	Head-to-Head	Process of care; care utilization PrEP referral, linkage to clinical care among network members NR	Positive	No No No Government
Schulz, 2017 ⁶² (27357203)	603 47 years	Prevention/Lifestyle support	Pre-post	Process of care Adherence/participation,	Positive	Yes No

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Pre-post Community-based MI	90% Latino 35.2%, Non- Latino Black 60.5%, Non-Latino white 0.7%; Other (unspecified) 3.6% Cardiovascular disease NR	Walk Your Heart to Health (WYHH) 32 weeks Patient Peer/Lay Community Outreach NR		association between participation and steps; associations between steps and cardiovascular risk NR		No Government
Schwartz, 2021 ⁶³ (34505886) Observational-Cohort FQHC IL	188 51 years 100% Hispanic 37.2%, Non- Hispanic African American 60.6%, Other (unspecified) 2.1% Cancer NR	Single component - other Individualized breast cancer risk estimate 13 months Patient Researcher/Admin	Head-to-Head	Process of care Mammography rate NR	No effect	No No No Government
Seible, 2021 ⁶⁴ (3571782) RCT Community-based CA	83 62 years 61% Hispanic/Latino Cancer NR	Single component - language concordance Patient-provider language concordance, the same physicians speaking Spanish directly to the patient NR Patient + Health Professional Provider/Clinician	Head-to-Head	Patient experience Satisfaction NR	Positive	Yes No No Government
Sevelius, 2022 ⁶⁵ (35502891) RCT Community-based CA	278 43 years 0% (68% non- binary/gender queer; 28% other gender)	Self-management support Healthy Divas consists of 6 peer-led individual sessions, held weekly,	Head-to-Head	Process of care Engagement in HIV care NR	No effect	Yes No No Government

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	African American/Black 45%, White 75, Latina 33%, Other (unspecified) 11% HIV NR	and one group workshop facilitated by a healthcare provider with expertise in HIV care and trans health 12 months Patient Multiple				
Shapiro, 2020 ⁶⁶ (31515735) RCT FQHC CA	207 54 years 49% Hispanic/Latino 62%, 32% Non-Hispanic Black, 41% other (unspecified) Hypertension NR	Single component (Group 1) a combination of fixed payments, contingent payments, and lotteries; (Group 2) \$20 at each study visit 6 months Patient Researcher/Admin	Comparative effectiveness	Process of care Systolic blood pressure, diastolic blood pressure NR	Mixed	No No No Government
Singal, 2017 ⁶⁷ (27825963) RCT Public health system TX	1800 55 years 41% Hispanic 37.8%, Black 32.1%, and white 28.3% Cancer NR	Patient navigation (Group 1) mailed outreach invitations for screening ultrasound; (Group 2) mailed screening outreach plus patient navigation 2 years Patient Researcher/Admin	Standard/usual care	Process of care Screening participation, time-to-response to outreach activities NR	No effect	Yes No No Government
Stitzer, 2018 ⁶⁸ (29883190) RCT Hospital GA, MD, MA, AL, IL, TX, CA, FL, NY, PA	801 45 years 32.6% Hispanic 11.1%; Black 77.5%; White 19.1%; Other (unspecified) 4.8%	Patient navigation Project HOPE: (Group 1) patient navigation; (Group 2) patient navigation plus financial incentives 6 months	Standard/usual care	Process of care HIV care visits, verification of active HIV medication prescription NR	Positive	No No No Government

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	HIV NR	Patient Patient navigator				
Stolley, 2017 ⁶⁹ (28628363) RCT Community-based IL	246 58 years 100% African American Cancer NR	Prevention/Lifestyle support Moving Forward: Interventionist-guided weight loss program supporting behavioral changes 6 months Patient Other	Standard/usual care	Process of care Anthropometric body composition, behavioral outcomes NR	Mixed	Yes No No Government
Taber, 2018 ⁷⁰ (30714026) Pre-post Clinic SC	60 59 years 42% African American 68%, Non-AA (unspecified) 32% Cardiovascular disease NR	Self-management support Pharmacist-led, technology-aided, education intervention 6 months Patient + Health professional Multiple	Pre-post	Process of care CVD risk factor control, acute rejections, hospitalizations ED visits, graft loss death NR	No effect	No No No Government
Tanner, 2018 ⁷¹ (30398955) Pre-post Hospital NC	91 25 years NR African American 79.1%, Latino 13.2%, multi-racial (unspecified) 6.6%, white 1.1% HIV NR	Self-management support weCare: a social media intervention utilizing Facebook, texting, and GPS-based mobile social and sexual networking applications to improve HIV-related care engagement and health outcomes 12 months	Pre-post	Process of care; clinical outcomes Reduction in missed HIV care appointments, increases in viral load suppression NR	Positive	Yes No No NR

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		Patient Other				
Taylor, 2018 ⁷² (29428830) RCT Community-based DC	213 58 years 100% African American Other CC NR	Prevention/Lifestyle support (Group 1): supervised facility-based exercise intervention; (Group 2): home-based exercise intervention 6 months Patient NR	Standard/usual care	Clinical outcomes HRQoL NR	No effect	Yes No No Government
Thai, 2022 ⁷³ (32880868) Pre-post Community-based VA	96 62 years 100% Asian Cancer NR	Patient navigation Patient navigator to provide emotional support, education, translation, and assistance with medical bills and doctor's appointments 12 months Patient Patient navigator	Pre-post	Process of care; clinical outcomes; patient experience of care Follow-up appointment adherence, psychosocial outcomes, satisfaction with navigator NR	No effect	Yes No No Foundation
Thom, 2018 ⁷⁴ (30130430) RCT NR CA	192 61 years 34% white 21.4%, African American 56.7%, Asian 3.7%, Native American 2.1%, Pacific Islander 1.6%; other (unspecified) 14.6% COPD NR	Patient navigation Health coaching 9 months Patient - Peer/Lay community outreach	Standard/usual care	Clinical outcomes QoL, dyspnea domain score, # of COPD exacerbations, exercise capacity, self-efficacy of COPD management NR	No effect	Yes No No Multiple

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Thompson, 2021 ⁷⁵ (33454539) RCT Other MO	243 56 years 100% African American Cancer NR	Self-management support A tablet-computer with survivor stories three times in 12 months 12 months Patient Other	Standard/usual care	Clinical outcomes QoL , depression, concerns about recurrence NR	No effect	Yes No No Government
Tong, 2017 ⁷¹ (27564924) RCT Community-based CA	329 NR 65% Hmong Cancer NR	Patient education CRC education 3 months Patient Peer/Lay community outreach	Head-to-Head	Process of care; care utilization Changes in self-reported ever-screening, up-to- date CRC screening NR	Mixed	Yes No No Government
Turner, 2018 ⁷⁶ (29299814) RCT FQHC TX	111 57 years 61% Hispanic 78.4%, Non- Hispanic white 12.6%, Non-Hispanic Black 9% Other CC NR	Self-management support (Group 1): community arm, CHW delivered nine 1-hour group meetings were held at a local library every 2 weeks for 3 months, then monthly for 3 months; the same session was offered twice weekly; (Group 2): clinic arm, clinic health educator delivered six monthly one- on-one meetings for 30-45 min 6 months Patient CHW	Comparative Effectiveness	Process of care Five times sit-to-stand test , Borg perceived effort test, patient-specific functional scale, Symbol- digit modalities test 6-minute walk test Short- form survey, physical component summary Fall; adverse events	Positive	Yes No No Multiple

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Valdez, 2018 ⁷⁷ (27573420) RCT Clinic CA	943 NR 100% Hispanic/Latino Cancer NR	Single component - other Interactive multimedia cervical cancer education 6 months Patient Other	Standard/usual care	Care utilization Self-reported cervical cancer screening, knowledge, attitude NR	No effect	Yes No No Government
Victor, 2018 ⁷⁸ (29527972) Observational-Cohort Community-based CA	319 55 years 0% Black Hypertension NR	Prevention/Lifestyle support Pharmacist-led: in which barbers encouraged meetings in barber- shops with specialty-trained pharmacists who prescribed drug therapy under a collaborative practice agreement with the participants' doctors 6 months Patient Other	Head-to-Head	Clinical outcomes Systolic blood pressure, diastolic blood pressure Rate of meeting blood pressure goals NR # of antihypertensive drugs, adverse drug reactions, self-rated health, patient engagement NR	Positive	Yes No No Multiple
Wagner, 2021 ⁷⁹ (33957271) Polomoff, 2022 ⁸⁰ (34838475) Wagner, 2022 ⁸¹ (36307274) RCT Community-based Connecticut	188 56 years 78% Cambodian Diabetes NR	Prevention/Lifestyle support Diabetes Risk Reduction through Eat, Walk, Sleep and Medication Therapy Management" (DREAM): cardiometabolic lifestyle curriculum 12 months	Head-to-Head	Process of care; care utilization; Patient experience of care Fidelity, satisfaction, attendance, medication adherence, barriers, beliefs NR	Positive	Yes No No Multiple

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		Patient Peer/Lay community outreach				
Warner, 2019 ⁸² (30306449) Pre-post Community-based UT	318 NR 79% (21% other gender) Hispanic/Latino Cancer NR	Patient education Two promotora-led (lay health educator) educational sessions delivered over the telephone, in person at a location selected by the participant, or at one of the local businesses 13 months Patient Peer/Lay community outreach	Pre-post	Process of care Knowledge, adherence NR	Mixed	Yes No Yes Multiple
Washington-Plaskett, 2021 ⁸³ (33915812) RCT Other GA	146 56 years 67% Black Cardiovascular disease NR	Self-management support H360x Intervention for Cardiovascular Disease Self-Management: web- based or mobile application and supports behavior change by providing functionality for improving health literacy and self-efficacy through built-in coaching support for accountability and problem solving 6 months Patient	Head-to-Head	Process of care LS7 score (e.g., smoking status, physical activity, weight, diet, blood glucose, cholesterol, and blood pressure), CVD risk variables NR	No effect	No No No Nonprofit

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		Peer/Lay community outreach				
Waterman, 2019 ⁸⁴ (31227225) RCT Other MO	561 54 years 51% Black 72% Income Other CC NR	Patient education (Group 1): Explore Transplant at Home patient-guided, 4 modules of KT education sent directly to patients using print, video, and text messages; (Group 3): Explore Transplant at Home educator-guided, the patient-guided intervention plus 4 telephonic discussions with an educator 8 months Patient Peer/Lay community outreach	Standard/usual care	Process of care Patient knowledge , deceased donor kidney transplantation attitude, living donor kidney transplantation attitude NR	Positive	No No No Government
Whiteley, 2021 ⁸⁵ (33483897) Observational-Cohort Other MS	81 25 years NR Black/African American 85.5, Hispanic/Latinx 6% HIV NR	Single component-mHealth iPhone gaming adherence intervention 24 weeks Patient Other	Standard/usual care	Process of care Adherence NR	Positive	No No No Government
Wyatt, 2020 ⁸⁶ (33252951) Pre-post Community-based CA	91 50 years 49% African American HIV	Single component-other Couples-based behavioral HIV prevention 3 months	Pre-post	Process of care Condom use NR	Mixed	Yes No No Government

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	NR	Patient Provider/Clinician				
Yi, 2019 ⁸⁷ (31400096) Pre-post Community-based NY, NJ	348 55 years 64.2% Asian Hypertension NR	Prevention/Lifestyle support Keep on Track (KOT) Program: community blood pressure monitoring program 6 months Patient Multiple	Pre-post	Clinical outcomes; process of care Health-related self- efficacy, systolic blood pressure, diastolic blood pressure NR	Mixed	Yes No No Government
Castaldi, 2017 ⁸⁸ (27357461) Hospital Observational NY	117 57 years 100% African American 45%, Hispanic 38.5%, Asian 8%, White 8.5 % Cancer NR	Patient Navigation Patient Navigator 12 months Patient Patient Navigator (employee) Patient Telehealth and clinic	Standard/Usual Care	Process of care Compliance with care plan, time to treatment NR	Mixed	Yes No No Foundation
Cene 2017 ⁸⁹ (27886435) Primary Care Practices Observational NC	525 58 years 68% African American 54%, White 56% Hypertension NR	Self-management support Self-management support 24 months Patient Provider/Clinician Phone coaching/BP monitoring at home	Pre-post	Clinical outcomes Blood pressure , racial differences	Mixed	Yes No No Government
Ahn, 2018 ⁹⁰ (28279084) Pre-post Community-based	149 51 years 75% African American 81%, White 10.2%, Hispanic	Prevention/Lifestyle support Church Health Center's Diabetic Obesity Weight Loss Pilot Program-	Standard/usual care	Clinical outcomes BMI, HbA1c, blood pressure, cholesterol, triglycerides , changes in	Positive	Yes No No Foundation

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Tennessee	8.8% Diabetes, Obesity NR	Healthy Living (CHC- HL) 18 months Patient Multiple		self-reported outcomes NR		
Ali, 2019 ⁹¹ (31662806) Pre-post Clinic NY	109 58 years 75% Hispanic 75%, African American 25%, 2% other, unspecified Asthma NR	Patient education Group education and asthma control program 27 months Patient + Health professional Provider/Clinician	Pre-post	Care utilization; avoidable hospital admission Number of patients requiring ER visits and hospital admission before and after intervention , asthma control, requirement for systemic steroids NR	Mixed	No No No NR
Anthony, 2019 ⁹² (31456465) Pre-post Clinic TX	331 40 years 18% Hispanic/Latino HIV NR	Single component - mHealth Text appointment reminders 14 months Patient Other	Standard/usual care	Process of care Change in clinic follow- up adherence rates NR	Positive	No No No NR
Apter, 2019 ⁹³ (31181221) RCT Clinic PA	301 49 years 90% 75% Black, 22% Hispanic Asthma NR	Care coordination Web-based patient portal with CHW assistance 1 year Patient CHW	Head-to-Head	Clinical outcomes Asthma control , asthma- related quality of life; yearly rate of ED visits, hospitalizations and prednisone bursts NR	No effect	Yes No No Multiple
Apter, 2020 ⁹⁴ (32673877) RCT Clinic PA	312 51 years 66% African American, 24% White, 8% Hispanic	Patient navigation Patient navigation 12 months Patient Patient Navigator (employee)	Standard/usual care	Clinical outcomes Asthma control , asthma- related quality of life; yearly rate of ED visits, hospitalizations and	No effect	No No No Government

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	Asthma NR			prednisone bursts NR		
Bachhuber, 2017 ⁹⁵ (29212532) IS FQHC NY	9119 49 years 68% Hispanic 55%, 10% Black, 35% any other race Mental health, substance abuse NR	Prevention/Lifestyle support Alcohol Screening and Brief Intervention, screening 1 year Patient + Health Professional Provider/Clinician	Pre-post	Process of care Documentation of screening, screening positive for unhealthy drinking, and documentation of BI provision NR	Positive	No No No Government
Kopp, 2020 ⁹⁶ (32483634) RCT Clinic GA	100 60 years 40% African American Hepatitis NR	Patient education Education and counseling, online survey tool 12 weeks Researcher/Admin	Standard/usual care	Process of care Treatment adherence measured through number of clinic visits attended, number of refill completed, and number of lab tests completed , difference in treatment response (RVR and SVR) between control and intervention groups NR	No effect	No No No Academic
Kranker, 2018 ⁹⁷ (28279086) RCT FQHC MS	544 NR 61% African American Hypertension, diabetes NR	Single component- other Financial incentives for weight loss, medication compliance and physical activity 1 year Patient Other	Head-to-Head	Process of care; clinical outcomes Difference in engagement, blood pressure, cholesterol, blood glucose, and HbA1c NR	No effect	No No No Foundation
Laiyemo, 2019 ⁹⁸ (31478919) RCT	399 58 years 53%	Single component- other Peer navigation,	Standard/usual care	Process of care Risk of attending colonoscopy	Mixed	Yes No

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Clinic DC	Black Cancer NR	screening 4 weeks Patient Peer/Lay Community Outreach		appointment, relative risk of adequate bowel preparation , opinions of participants NR		No NR
Lim, 2019 ⁹⁹ (31807731) Non-RCT Community-based NY	160 46 years 69% Asian (Sikh) Diabetes NR	Prevention/Lifestyle support Facilitated group sessions (nutrition/cooking, physical activity, stress management, healthcare consultations) 6 months Patient CHW	Pre-post	Process of care Weight, BMI, Physical Activity, diet, blood pressure and health self-efficacy , cholesterol, glucose, diabetes knowledge NR	Mixed	Yes No No Government
Liu, 2019 ¹⁰⁰ (30239620) RCT Clinic IL	121 24 years 0% Latino 35%, Black 29%, Asian 9% HIV NR	Self-management support Multicomponent behavioral change using SMS and interactive online content 9 months Patient Other	Standard/usual care	Process of care Change in retention and medication adherence , acceptability and use of PrEPmate NR	Positive	No No No Government
Lutes, 2017 ¹⁰¹ (28660719) RCT Community-based NC	200 53 years 100 African American Diabetes NR	Prevention/Lifestyle support Phone-based education 12 months Patient CHW	Head-to-Head	Clinical outcomes; process of care Change between groups in HbA1c, weight and blood pressure , self-reported empowerment, diabetes self-efficacy	Mixed	Yes No No Multiple

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				scale, medication adherence, self-care NR		
Lyles, 2019 ¹⁰² (30850461) RCT Public Health System CA	93 54 years 52% White 39%, Black 29%, Asian or PI 14%, Hispanic 12%, 6% NR	Single component Online video curriculum 6 months Patient Researcher/Admin	Head-to-Head	Process of care Portal log-in post training , self-reported attitudes and skills collected between baseline and follow-up NR	No effect	No No No Government
Lynch, 2019 ¹⁰³ (30963440) RCT Community-based IL	211 55 years 70% African American Diabetes NR	Self-management support Culturally tailored lifestyle improvement through food and exercise 18 months Patient Multiple	Head-to-Head	Clinical outcomes Difference in change in A1c at 12 months , improvements in nutrition knowledge, diet quality, physical activity and medication adherence; hospitalizations, ER visits during study NR	No effect	Yes No No Government
Lyon, 2019 ¹⁰⁴ (30472318) RCT Hospital DC	223 dyads 50 years 42% African American HIV NR	Transition of care Two sessions using the FACE advanced care planning 3 months Patient	Head-to-Head	Care utilization Advance directive completion and documentation in medical record NR	Positive	No No No Government
Ma, 2018 ¹⁰⁵ (29131316) RCT Hospital PA	1834 patients, 32 churches 52 years 58% Asian Cancer NR	Patient navigation Interactive group education, patient navigation, and the engagement of health care providers, church leadership and church members in the medical	Standard/usual care	Process of care Proportion screened for HBV , difference in HBV vaccination completion rates NR	Positive	Yes No No NR

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		field 12 months Patient Provider/Clinician				
Maly, 2017 ¹⁰⁶ (28418767) Mixed-method Hospital CA	212 53 years 100% Hispanic/Latino Cancer NR	Self-management support Individually tailored treatment summary and survivorship care plan, in-person counseling 1 year Patient + Health Professional Multiple	Standard/usual care	Process of care Physician implementation of specific recommendations for each survivorship care need identified for each participant, <u>patient</u> adherence to recommended survivorship care up to the 12-month interview NR	Positive	No No No Government
Martin, 2017 ¹⁰⁷ (28812930) IS Clinic WI	402 NR NR African American Cancer NR	Patient navigation Patient (community) and provider education, immunochemical fecal occult blood test (iFOBT) distribution, and patient navigation 18 months Patient + Health Professional Multiple	Pre-post	Process of care Screening uptake, cancer detected NR	Positive	Yes No No Multiple
Bazzoli, 2017 ¹⁰⁸ (27305914) Pre-post Clinic VA	1757 47 years 62% White 58%, African American 42%	Care coordination Case management, patient education 4 years Patient + Health	Pre-post	Equity of service Service utilization (ED, PCP, specialist visits, hospital admissions) NR	Positive	No No No Foundation

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	Multiple-unspecified NR	Professional Provider/Clinician				
May, 2017 ¹⁰⁹ (27623103) Non-RCT Clinic CA	1559 60 years 5% African American 36%, Hispanic 13%, Asian or PI 3%, Unspecified 48% Cancer NR	EHR-based Opportunity to "fast track" to an endoscopy appointment on short notice 10 months Other	Pre-post	Process of care Screening uptake NR	Positive	No No No Government
Ridgeway, 2022 ¹¹⁰ (4320856) RCT Clinic AZ	943 47 years 100% Hispanic/Latino Cancer NR	Patient education Bilingual written and interpersonal education to increase mammographies 1 year Patient Community health workers	Head-to-Head	Process of care MBD knowledge, awareness , talking to provider about MBD and initiating screening NR	No effect	No No No Government

Abbreviations: ACT = Asthma control test, ART = Antiretroviral therapy, BP = Blood pressure, CBSM = Community-based service manual, CHW = Community health workers, COPD = Chronic obstructive pulmonary disease, CRC = Colorectal cancer, CVD = Cardiovascular disease, DSME = Diabetes self-management education, ED = Emergency department, EHR = Electronic health records, HbA1c = Glycated hemoglobin, HBM = Health belief model, HRQoL = Health-related quality of life, JNC-7 = The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure, LS7 = Life's simple 7, MiniAQLQ = Mini Asthma Quality of Life Questionnaire, MBD = Metastatic bone disease, NDPP = National diabetes prevention program, PCP = Primary care provider, PrEP = pre-exposure prophylaxis, QoL = Quality of life, SBIRT = Specific substance involvement score, SCT = Social cognitive theory, TB2 = Type 2 diabetes, TRA = Theory of reasoned action, TSM = Telehealth self-monitoring

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Appendix E. Existing Evidence Reviews

Table1. Evidence reviews on strategies to reduce racial and ethnic disparities and improve health outcomes targeted at patient-level and clinician-level

Author (year) Search date	Interventions	Chronic Condition(s)	Target Population	Findings Reported
Wang, 2022 ⁴⁴ NR	Peer navigator led in-person and online groups; culturally-tailored; Peer change agent training and education; Training on communication skills, stigma, misconceptions and positive attitudes	HIV	Men who have sex with men with focus on priority population including those belonging to racial/ethnic minority groups	Peer mentors enhanced PrEP adoption, increased cultural congruence, reduced PrEP/HIV-related stigma. Review revealed lack of interventions to tackle community-level determinants of PrEP care for MSM of color.
Eze, B 2022 ²⁰ January 2016 - August 2021	Provider–patient racial and/or ethnic concordance for pain management; decision tool for surgery; Individually tailored, virtual perspective-taking to reduce provider bias; community-based physical activity behavior change promotion; Phone-based, culturally enhanced pain-coping skills training (PCST)	Musculoskeletal pain	African Americans, Hispanic Whites, Hispanic/Latina	Clinician education and perspective-taking, patient decision tools, and community outreach interventions can help reduce bias and disparities in musculoskeletal pain outcomes.

<p>Evans, 2022¹⁹ January 2015 - December 2020</p>	<p>Online e-video or in-person video to increase the awareness and acceptability of PrEP; Text message reminders</p>	<p>HIV</p>	<p>Black and Hispanic/Latino persons</p>	<p>Study findings indicate that only four out of 10 (40%) of telecommunications studies prioritized the racial/ ethnic populations at highest need, despite the estimated 43.7% of Black persons and 24.7% of Hispanics/Latino persons that have indications for PrEP use</p>
<p>Anderson, 2022⁴ Inception to March 2021</p>	<p>Diabetes self-management education using text messages, online support groups, weekly calls and texts from community health workers with in-person peer-led group visits, large group education, small group discussions, and a healthy meal</p>	<p>Diabetes</p>	<p>Black and Hispanic diabetes patients</p>	<p>Telehealth intervention pooled across studies with a mix of Black and Hispanic participants (> 50% sample) was associated with a -0.465 ([CI: -0.648 to -0.282], p = 0.000) reduction in HbA1c.</p>
<p>Enyioha, 2022¹⁸ Inception to September 2020</p>	<p>Mobile phone and web-based interventions</p>	<p>Diabetes and Obesity</p>	<p>African Americans and Hispanics</p>	<p>Five studies evaluated the effectiveness of an mHealth intervention for weight loss, including one that evaluated the effectiveness for diabetes and two studies focused on diabetes. Of all the studies that focused on weight loss, 3 reported significant differences in weight loss in participants in the intervention group compared with those in the usual care group.</p>

DeRosa, 2022 ¹⁴ 2001-2007	Decision aids, trained personnel, delivery models and frameworks, and educational material	Breast cancer or prostate cancer	Hispanic/Latinx and Black/African American	The use of decision aids (DAs), trained personnel, delivery models and frameworks, and educational materials were notable decision-making support interventions. Analysis revealed six thematic areas: 1) Personalized reports; 2) Effective communication; 3) Involvement in decision-making; 4) Health literacy; 5) Social support; and 6) Feasibility in clinical setting.
Khoong, 2021 ²⁷ January 2005 - July 2019	Numerous components: An electronic medication adherence program A multilevel church based intervention to increase healthy meals; church-based weight loss intervention A mobile health self-management and remote BP monitoring app	Hypertension	Adult population with known disparities in use of digital health tools, defined by any one of the following three characteristics: age (mean age >65 years); education (>60% high school education or less); and/or race/ethnicity (<50% non-Hispanic White for US studies).	In meta-analysis, systolic blood pressure reduction at 6-months in the intervention group was significant, no significant difference in SBP change between the intervention and control groups
Aidoo-Frimpong, 2021 ² September 2019 - January 2020	Health fairs at apartment complexes with high numbers of African-born residents, including free point-of-care screening for glucose, cholesterol, body mass index, blood pressure, and HIV, as well as social services and health education	HIV	African immigrants in the USA	Screening identified a high prevalence of non-communicable diseases, but initiation of treatment or linkage to care was not reported.

<p>Gifford, 2021²³ Inception to March 2018</p>	<p>Native Navigators; Culturally specific educational workshops; Telehealth support group counseling, education modules, and presentations by content experts. Patient support and education provided by community-based research representatives; symptom management toolkit</p>	<p>Cancer</p>	<p>American Indian adults with cancer</p>	<p>The majority of studies (89%) showed a positive impact on the outcomes evaluated. However, all studies were assessed as weak to moderate quality by the reviewers.</p>
<p>Wadi, 2021⁴² 2002-2018</p>	<p>Culturally tailored: self-management classes, group education, counseling, health coaching to prevent and manage T2D</p>	<p>Diabetes</p>	<p>Black African ancestry</p>	<p>Six of fifteen RCT reported significant improvements in glycated hemoglobin (HbA1c) at 6 and 8 months; one, in prediabetes, reported significantly improved fasting plasma glucose. Those with ethnically matched facilitators and those which tailored to more than one domain showed the greatest HbA1C benefits</p>
<p>Hu, 2020²⁶ Inception - May 2019</p>	<p>Community peer navigation using delivered by lay health worker, promotoras, using multi-media components.</p>	<p>Cancer</p>	<p>Adults belonging to a racial/ethnic minority group</p>	<p>Peer support led interventions can increase colorectal cancer screening implementation, awareness, and intention to undergo the screening more significantly than fecal occult blood test outreach, print, and usual care.</p>

Walters, 2020 ⁴³ Inception-May 2019	13-min animation. education session plus leaflets and sample labels for self-assessment; 6 × 2 h weekly education session; monthly motivational interviewing counselling sessions and daily self-monitoring of blood glucose levels; CHW- provided group education, monthly telephone counselling and navigation assistance over 6 months	Cancer, cardiovascular, Diabetes,	ispanic, Latino, Korean American	Health literacy interventions resulted in improvements in at least some aspect of health literacy in 15/22 studies and improved behavioural outcomes in 7/8 studies).
Turnbull, 2020 ⁴¹ January 2006-February 2019	Web-based, self-management programs	COPD, diabetes, IBD, osteoarthritis	American Indian/Alaskan natives, Black/African American, Hispanics, Latinos	The meta-analysis was not possible due to the heterogeneity of outcomes. There was evidence that intervention effectiveness was modified by participants' social characteristics. Minority ethnic groups were found to benefit more from interventions than majority ethnic groups.
Ali, 2020 ³ Inception- October 2019	Community-based lifestyle interventions for diabetes prevention: Group classes; pedometers; moderate intensity exercise; targeted health coaching; community cultural partnerships; nutrition education; group meals; culturally-tailored cooking activities	Diabetes	South Asian Americans	Overall, most interventional studies demonstrated effectiveness in improving glucose and insulin indicators among participants.

<p>Liu, 2020³¹ January 2009-June 2019</p>	<p>Community health workers, culturally tailored educational materials, peer testimony to increase cancer screening</p>	<p>Cancer</p>	<p>Hispanic/Latino, African American, Korean American, Alaska Native and American Indian, Chinese American,</p>	<p>No included interventions were found to consistently elevate cancer screening rates across all racial/ethnic minority adults.</p>
<p>Nelson, 2020³⁴ January 1996-July 2019</p>	<p>Patient navigation to increase for colorectal, breast, and cervical cancer</p>	<p>Cancer</p>	<p>African American, Filipino American, Hispanic/Latino, Low-income racial minority</p>	<p>Colorectal, breast, and cervical cancer screening rates were higher in patients provided with navigation services.</p>
<p>Luque, 2019³² May 2003-September 2017</p>	<p>Interpersonal cancer education Promotora-led</p>	<p>Breast Cancer</p>	<p>Hispanic</p>	<p>The study ORs resulted in a narrow range, indicating a low to moderate intervention effect for these types of interpersonal cancer education interventions. Hispanics exhibited lower levels of adherence to screening mammography than non-Hispanic whites.</p>

Riley, 2019 ³⁶ 2003-2017	Self-efficacy training for ICS adherence	Asthma	Black/African Americans	No RCTs demonstrated improved ICS adherence in participants.
Han, 2019 ²⁴ 2000-2017	Community health center (CHC) setting diabetes care programs	Diabetes	Low-income, racial/ethnic minority populations	CHC interventions were in general effective in improving glucose control when using face-to-face interactions in low-income, underserved, and racial and ethnic minority patients with diabetes.
Cunnigham 2018 ¹¹ 1997-2015	Diabetes self-management education (DSME)	Diabetes	African Americans	In meta-analysis, non-significant effect of DSME on HbA1c in African Americans was observed. QOL did show improvement

<p>Bush, 2018⁷ 1998-2011</p>	<p>Patient navigation to improve diagnosis and treatment of medically underserved populations</p>	<p>Cancer</p>	<p>Racial and ethnic minorities</p>	<p>Patient navigation expedites oncologic diagnosis and treatment of patients in underserved populations. This intervention is more efficacious when utilized shortly after screening or diagnostic testing</p>
<p>Domingo, 2018¹⁵ 2005-2016</p>	<p>Culturally tailored diabetes prevention virtual sessions for education, coaching, and support; Tailored CVD risk reduction with in-person education, coaching, and support sessions; Stanford's Chronic Disease Self-Management Program</p>	<p>Multiple (cardiovascular disease, diabetes)</p>	<p>Filipino American</p>	<p>All interventions included in this review were reported to be effective, however, all studies were reported to be of low quality.</p>
<p>Copeland, 2018¹⁰ January 1997 - March 2017</p>	<p>All included interventions aimed to increase breast cancer screening rates; Lay health advisor; Culturally tailored counselling; Personalized tailored letters; Culturally appropriate video; Tailored telephone call; Interactive computer-assisted instruction program; Behaviorally and culturally tailored magazines.</p>	<p>Cancer</p>	<p>African American women</p>	<p>Although no patient or study characteristics significantly moderated screening efficacy, the most effective interventions were those specifically tailored to meet the perceived risk of African American women.</p>

<p>Davis, 2018¹³ January 1998- July 2016</p>	<p>Multicomponent (all), common components: patient education, client reminders, social media, in-clinic or mailed distribution of FIT/FOBT</p>	<p>Colorectal Cancer (CRC)</p>	<p>Latino, African American, Asian American, Multicultural</p>	<p>Multicomponent interventions can effectively increase fecal testing for CRC across diverse rural and low-income communities</p>
<p>Lee-Tauler, 2018²⁹ 2005-2015</p>	<p>Collaborative care, psychoeducation), case management, colocation of mental health services within existing services, screening and referral, and a change in Medicare medication reimbursement policy that served as natural experiment.</p>	<p>Mental Health</p>	<p>Latino/Hispanic, African American, Asian American, Multicultural</p>	<p>Reduction of disparities in the initiation of antidepressants or psychotherapy was noted in seven interventions (four involving collaborative care, two involving colocation of mental health services, and one involving screening and referral). Five of these disparities reducing interventions were tested among older adults only.</p>
<p>Ahmed, 2017¹ 1995-2016</p>	<p>education sessions; education-booklet; community education session; education videos;</p>	<p>Asthma</p>	<p>South Asian and African American populations</p>	<p>Interventions in South Asian and African American minority communities were less effective than interventions delivered in indigenous populations in South Asia, though the latter trials were at higher risk of bias.</p>

Heitkemper, 2017 ²⁵ 2005-2015	mHealth information technology (HIT; Diabetes self-management education (DSME))	Diabetes	African American, Latino, American Indian/Alaska Native	Findings suggest that medically underserved patients with diabetes achieve glycemic benefit following HIT DSME interventions, with dissipating but significant effects at 12 months. Telemedicine/telehealth interventions were the most successful HIT type because they incorporated interaction with educators similar to in-person DSME.
Bellhouse, 2017 ⁶ 2000-2017	CBHW facilitation to healthcare engagement	Cancer	African American, Hispanic, Asian	CBHW interventions are an effective resource for increasing uptake of all 3 types of cancer screening in ethnic minority groups in US studies: (n=30), other countries: (n=3)
Roland, 2017 ³⁷ 1990-2013	Patient navigators and use of CHW to improve cancer outcomes	Cancer	Black, African American, Hispanic, Hawaiian ancestry, Native American, Latina	Findings support the effectiveness of CHW/PN programs to improve completion and timeliness of breast, cervical, and colorectal cancer screening in FQHCs, and highlight intervention components useful to design and sustainability

Ferguson, 2015 ²¹ Inception-August 2014	Diabetes self- management education (DSME)	Diabetes	Hispanics	DSME in conjunction with primary care is effective in improving glycemic control in Hispanic adults with T2DM
Leske, 2016 ³⁰ 2000-2015	Psychotherapy; Medical management and supportive advice; Community based 12 step substance abuse programs; Cognitive behavioral therapy; motivational interviewing; sweat lodge ceremonies. Drumming circles; talking circles; White Bison 12 Steps program (multicomponent)	Mental health disorders, substance abuse disorder	Native Americans	Inconclusive evidence regarding interventions due to a small and methodologically weak evidence- base. (n=7 US studies)
Collado, 2016 ⁹ 1950-2015	Culturally adapted depression treatments (Cognitive Behavioral Therapy; Problem Solving Therapy; Interpersonal Therapy; Behavioral Activation	Major Depressive Disorder	Latinos	Psychotherapies that include cultural adaptations and individual therapies are likely preferable relative to non- adapted and group treatment, respectively

<p>Nathan, 2016³³ 2004-2013</p>	<p>Shared Decision-Making using decision aids (DAs)</p>	<p>Prostate, colorectal (CRC), and breast cancer chronic kidney disease, Osteoarthritis</p>	<p>African American, Asian American, ethnic Hispanic/Latino</p>	<p>DAs have been effective in improving patient-doctor communication and decision quality outcomes in minority populations and could help address health disparities</p>
<p>Genoff, 2016²² Inception to 2015</p>	<p>Patient navigator programs with language services</p>	<p>Cancer</p>	<p>Limited English proficient Black, Latino, Asian, Chinese, Korean,</p>	<p>Study is limited by the variability in study designs and limited reporting on patient navigator interventions, which reduces the ability to draw conclusions. on the full effect of patient navigators.</p>
<p>Ehrlich, 2016¹⁶ n/a</p>	<p>Culturally responsive self-management interventions</p>	<p>Diabetes, cardiovascular disease, hypertension, asthma</p>	<p>African Americans, Hispanic or Latino, Hawaiians or Pacific Islanders</p>	<p>Overall, interventions resulted in more positive health outcomes. than usual care, but findings were inconsistent (n=10 US studies)</p>

<p>Pesantes, 2015³⁵ Inception through February 2015</p>	<p>Resiliency-oriented interventions in prevention and self-management, coping skills</p>	<p>Hypertension, diabetes</p>	<p>African American, Chinese Americans, Latinos</p>	<p>Outcomes were not fully conclusive. There was some evidence that resilience interventions had a positive effect on HbA1c levels, but not blood pressure</p>
<p>Cyril, 2015¹² 1995-2015</p>	<p>Community-engagement (CE) based interventions (community advisory boards, coalitions, health workers, cultural integration)</p>	<p>Cardiovascular disease, depression, cancer, asthma, mental health disorders,</p>	<p>Hispanic, African Americans, Navajo Indians,</p>	<p>CE model can lead to improved health if designed properly and implemented through effective community consultation. (n=17 US studies)</p>
<p>Anderson, 2015⁵ (Cochrane review) 1990-2014</p>	<p>Local community coalitions</p>	<p>Cancer, HIV, diabetes</p>	<p>African Americans, Latino, Asian or Pacific Islanders, Native Americans</p>	<p>Findings are inconsistent and the evidence base is weak as a result of inadequate reporting and insufficient studies with rigorous design. (n=52 US studies)</p>

Salas, 2015 ³⁹ inception through 2014	Non-pharmacological cancer pain interventions (education, coaching, and online support groups); culturally sensitive online cancer support in Spanish	Cancer	African Americans and Hispanics	No significant differences in pain reduction between intervention and control groups or between ethnic minorities and their counterparts
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Abbreviations: CBHW=Community-Based Health Worker; CHW=Community Health Worker; DSME=Diabetes Self-Management Education; FIT/iFOBT=Fecal Immunochemical Test/ Immunochemical Fecal Occult Blood Test; FQHC=Federally Qualified Health Center; HCV: Hepatitis C; PrEP=Pre-exposure Prophylaxis; ICS=Inhaled Corticosteroid

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