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A Toolkit:

**Developing Health
Disparities Structural
Competencies in
Allergy &
Immunology**

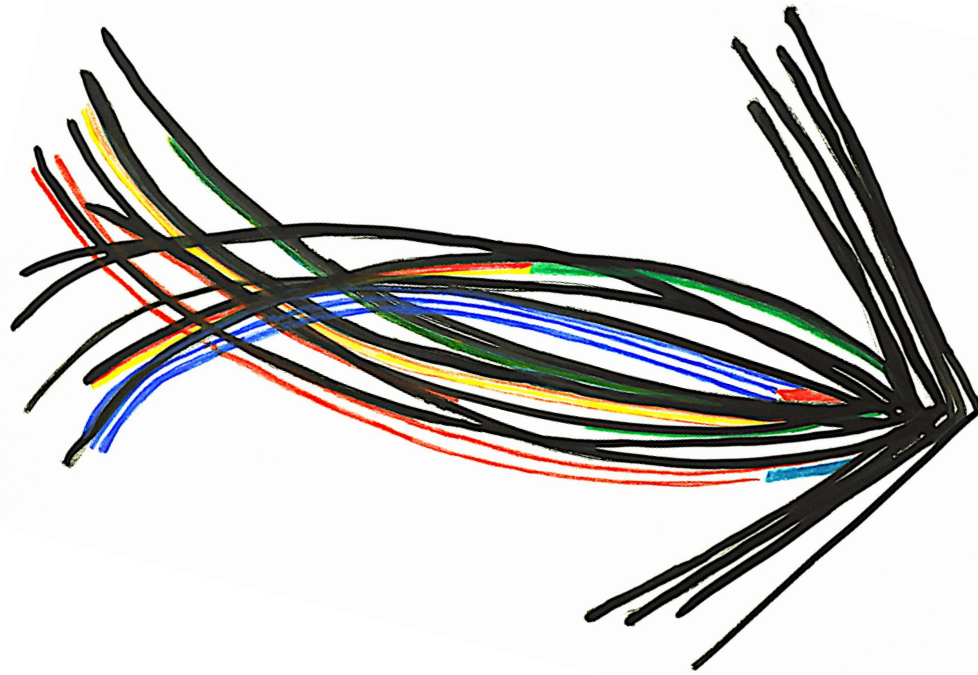


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Developing effective models for addressing structural competency

Pre-Planning	Planning	Feedback
<ul style="list-style-type: none">• Define clear objectives for your session• Identify the target audience• Identify the best facilitators and session leaders available for the session• Review the resources (e.g – time, funding, space, technology, and people) available to you	<ul style="list-style-type: none">• Create interactive sessions using the adult learning theory^{5, 6}<ul style="list-style-type: none">- Motivational and self-reflective- Relevant and Succinct- Facilitated experiences• Prepare a mechanism for evaluating the curricula and obtaining useful feedback	<ul style="list-style-type: none">• Assess whether curricula met the session goal and objective• Assess participants' willingness to attend future sessions associated with the curricula• Provide opportunities for open feedback• Implement and adjust curricula based on feedback provided



Curriculum design requires careful considerations of the target audience, available resources, background understanding of health disparities of participants and session leaders. It is important to transmit high-yield, evidence-based information in a format that engages participants. Disseminating practical tools, resources, and information is critical.

Domain	Barrier	Action	Structural Competency
Food Allergy	Financial barriers in care of patients with food allergy <ul style="list-style-type: none"> • Socioeconomic status • Nutritional support • Food insecurity • Access to epinephrine auto-injectors • Access to sub-specialists • Structural barriers to attending appointments 	<p>Multidisciplinary approach incorporating social workers, dieticians, and community health workers.</p> <p>Implement screeners to assess barriers to care</p> <p>Partner with community members to provide needed resources (e.g., food pantries, support groups, food vouchers with local grocery stores/farmer's markets, drug assistance programs, food policy council)</p> <p>Engage with primary care providers to educate and provide resources on food allergy</p>	<p>Recognize the influence of structures on patient health</p> <p>Recognize and respond to influences of structures on the clinical encounter</p> <p>Engage in structural humility</p>

Areas and barriers for addressing structural competencies – Food Allergy

Domain	Barrier	Action	Structural Competency
Asthma	Access to subspecialist care	Incorporate home or telemedicine visits into assessment of patients with poor clinical improvement or difficulty attending appointments	Recognize and utilize extra-clinical resources to enhance patient care and outcomes in diverse cultural and socioeconomic settings
	Underestimation or unacknowledged assessment of barriers to health care	Coordinate with social services to assist with building trust and bridging care gaps (e.g. - use of case managers or community health workers to perform home visits, adherence to medications, and health assessments)	Recognize and/or utilize the specialty specific role of interdisciplinary teams in addressing health equity
	Distrust of providers due to patient biases stemming from structural racism	Improve assessment of social determinants of health (e.g. - assess presence of allergens/irritants in home, insurance status, access to medications, transportation)	Assess or design quality improvement interventions to improve diverse patient's experience of healthcare
	Lack of resources to attend visits or engage with healthcare system	Improve recruitment practices and protocol design in clinical trials by recruiting clinical staff from diverse backgrounds	Identify, evaluate, and incorporate clinical practices that promote health equity in clinical practice and/or medical research
		Improve efforts to build trust in communities that experienced systemic oppression	

Areas and barriers for addressing structural competencies – Asthma

Domain	Barrier	Action	Structural Competency
Atopic Dermatitis	Lack of training of disease recognition in different skin types and pigmentation	Include images of affected individuals with diverse backgrounds and skin pigmentation in educational and training resources or materials	Demonstrate skills necessary to assess, diagnose, and manage atopic dermatitis in patients of diverse ethnic and cultural backgrounds
	Cultural sensitivity in regard to impact of pigmentation with medication initiation and disease severity	Model discussing issues related to skin pigmentation during clinical interactions	Recognize and utilize extra-clinical resources to enhance patient care and outcomes in multicultural clinical settings
	Financial or time consuming barriers to treatment (e.g., access to bathtubs, financial/time burden of twice daily baths, or costs of emollients or wraps)	Coordinate efforts to connect with and engage communities of color affected by atopic dermatitis	Recognize the role of public health resources and agencies to enhance patient care and outcomes in multicultural settings
	Access to subspecialists and participation in research studies	Improve efforts to recruit patients from diverse backgrounds to participate in clinical trials for atopic dermatitis	Exhibit empathy and discuss alternate care options for patients in low-economic or resource settings Engage in structural humility

Areas and barriers for addressing structural competencies – Atopic Dermatitis

Domain	Barrier	Action	Structural Competency Addressed ^{9,10}
Research design and recruitment	Mistrust of research centers by marginalized communities	Establish partnerships and relationships with community organizations and providers that care for these populations	Identify strengths, deficiencies, and limits of one's ability to address bias and health equity in research
	Reduced number of pre-established relationships between marginalized communities and the health institutions that serve them	Improve access by establishing and increasing community-based referrals to research studies. Increase efforts to include vulnerable and marginalized populations in research studies	Recognize how structural forces impact clinical and research outcomes Incorporate evidence-based practices to assess the impact of cultural barriers (social, infrastructural, economic factors) on research practices and outcomes
	Lack of cultural and ethnic diversity in study staff and leadership	Incentivize, track, and monitor diversity of participants recruited to a study. Recruit diverse staff members	Appraise and assess the quality of care provided to patients from diverse ethnic and socioeconomic backgrounds
	Improve efforts to appropriately identify and assess risks and socioeconomic status that impact patient outcomes related to their health while enrolled in a research study	Create a funded structure for accountability and addressing bias through feedback and monitoring of study participant demographics Assess diverse elements related to SDoH during the recruitment and enrollment of study participants	Appraise and assess the quality of research endeavors to accurately involve and serve diverse patient populations Use evidence-based models to identify strengths and weaknesses in care and research in patients from marginalized backgrounds

Areas and barriers for addressing structural competencies – Research Design and Recruitment

Sample Curriculum

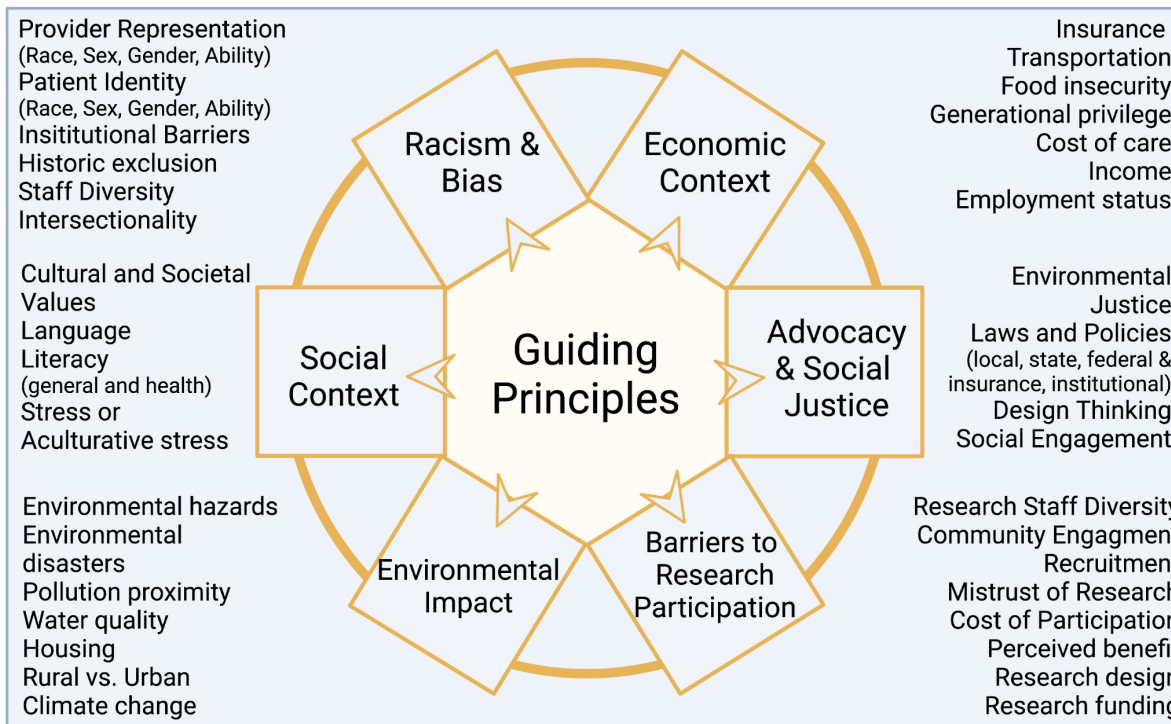


Sample Curriculum

This sample curriculum was used for an audience of clinical fellows, academic allergists, and clinician-scientists in the field of Allergy & Immunology. These 3 sessions, two lectures and one workshop, used adult learning theory with an interactive format to engage participants in discussions and information related to health disparities in Allergy & Immunology

Key Planning Elements for Each Session

Sessions	Learning Objectives	Learning Activities	Resources Used
1 and 2	<ol style="list-style-type: none"> 1. Provide a safe space for honest and open conversations about the impact of bias and race on health outcomes 2. Review the impact providers have on incorporating bias and race into health decisions and clinical practice 3. Identify how structural barriers to care impact health outcomes and contribute to health disparities in allergic diseases 4. Discuss ways to address and improve issues of diversity, equity, and inclusion in healthcare 	<p><u>For Fellow Focused Session:</u></p> <ul style="list-style-type: none"> • Interactive Case Presentation and Discussion • Stereotypes Word Cloud and Discussion⁸ <p><u>For Faculty Focused Session:</u></p> <ul style="list-style-type: none"> • Stereotypes and Bias “Brain Exercise” 	<ul style="list-style-type: none"> • 1-2 Presenters • Clinical Case of <disease> related to Health Disparity/Inequity • Poll everywhere for generating Word Cloud
3	<ol style="list-style-type: none"> 1. Review current literature regarding health disparities in A&I to identify barriers to care in clinical practice and research 2. Identify approaches, including resources and research efforts, to mitigate the impact of race, bias, and structural inequities. Identify evidence-based methods for caring for underserved and minoritized populations 	<ul style="list-style-type: none"> • Panel Discussion • Facilitated Small-Group Breakout Session with structured active questions • Large Group Debrief and Oral Presentation • Large Group Discussion 	<ul style="list-style-type: none"> • 1-2 Presenters/Main Facilitators and 3-4 Panelists with 1 Discussion facilitator per small group • Technical facilitation of virtual breakout rooms • GoogleDrive (or similar document sharing platform) for sharing and documenting ideas in breakout rooms



Guiding principles for developing competencies for disparities training of Allergy & Immunology Trainees

Interactive Case-Based Discussion – Example Exercises/Prompts

An interactive case discussion was used to highlight the real-world clinical scenario of addressing the upstream and downstream effects of health disparities. Facilitators presented the case and asked in real time questions to participants. After the case, participants were asked to debrief using the following questions:

- Have you cared for a patient in a similar situation?
- What are ways you can access these issues with access to care and other barriers to quality of care earlier in the collection of the HPI?
- How comfortable do you think his grandmother would feel bringing up these issues with barrier to care with you?
- Do you know how these elements impact the patient's perception of care?

Interactive Case-Based Discussion – Example Exercises/Prompts

Interactive case discussion, sample case – “The Wheezing Patient”

At your busy continuity clinic, you are scheduled for a follow-up visit for a patient with asthma.

- *Prompt by facilitator: What are some important elements and details from the patient’s history to help highlight next steps for outpatient care of a patient with asthma?*

“Chris is a 7-year-old black boy who presents today with his grandmother for frequent wheezing . He has experienced 5 exacerbations in the past 8 months: 2 hospitalizations; 2-3 ED visits a year. He has multiple school absences and when there sits out recess often. Usually, because of her work schedule, his mom is unable to go with him to the ED or take him to doctor visits, but his grandmother pushed for this visit today.

Additionally, Chris reports that he has shortness of breath and coughing with activity, and uses a rescue inhaler at least 2 times per week.

- During your pre-charting before clinic, you also found that Chris has some additional allergic history:
 - Spirometry from a 1 year ago revealing obstruction with reversibility.
 - Prior specific-IgE testing done about 2 years ago that was positive DM, cat, cockroach, mouse, oak, and Alternaria.
 - His most recent hospital discharge summary from 4 months ago that list Zyrtec, Flovent, Ventolin, and Aerochamber as home meds”
- *Prompts by facilitator: How would you classify Chris’s asthma? What are some important steps in addressing and improving his asthma symptoms/management?*

“During your wrap-up with his grandmother, you learn that she can’t remember everything about his home medication regime, but she is pretty sure the inhaler he has at home is red but doesn’t know what you mean by a spacer. She also states that he some medicine occasionally for his runny nose and sneezing that he ‘always has.’

You make a plan to restart his home medications and have him return for a follow-up visit in 2-4 weeks. Just as you’re heading out to see your next patient, Chris’s grandmother asks you: Do you happen to know much these inhalers will cost?’ “

- *Prompt/Activity for facilitator: Poll the room to have trainees guess the cost of inhalers prescribed during the visit. Using either GoodRx or your Medicaid Forumulary, reveal the price of the decided upon inhaler with Medicaid v. no-insurance*

“End of Case: You return to your chair and elicit more information from Chris and his grandmother and learn:

- The family had to move out of their home in Navy Yard due to developer buying the building.
- Chris lost Medicaid coverage last year after his mother was furloughed
- He now lives with grandmother, mom, 3 siblings in low-income housing near I-495
- Mouse droppings witnessed in his apartment building and cockroaches at school
- Unable to fill medications due to cost
- Was referred to clinic after a recent ED Visit. Has missed other appts.

After revealing all of this to you, his Grandmother, visibly frustrated says: Honestly, I don’t think the doctors in the ED care about what happens to Chris because he’s black!”

- *Prompt for facilitator: Debrief using prompts from the previous page.*

Interactive Case-Based Discussion – Example Exercises/Prompts

An Experiential Stereotypes Word Cloud and Discussion:

Participants anonymously submitted stereotypes through Poll Everywhere to create a word cloud of words associated with the various groups and diseases within Allergy & Immunology (Black, Latino/a/x, Uninsured, Immigrant, and Medicaid).

The facilitator reads off words out loud in real-time [and shares screen] and encourages participants to discuss their experience with the stereotype(s) and how they may impact care decisions.

Interactive Case-Based Discussion – Example Exercises/Prompts

A Stereotypes and Bias Brain Exercise:

Facilitator encourages all participants to close their eyes and visualize three distinct scenarios using the following script. Afterwards, they discuss what they visualized and how the stereotype imagined or real-world experiences impacted them:

I'll ask you to visualize 3 scenarios, close your eyes and take a deep breath and imagine:

It's a bright and sunny Monday morning. And you're late for your first day of work at a new clinic, you're rushing down the 270 or 495 to help make up for time. In your haste to get to work, you go past the posted speed limit. You get stopped by a state trooper. You flash your smile and your badge; the officer has mercy (or pity?) on you and lets you off with a warning. You finally make it to the clinic and your first patient of the day is thankfully running a little late. Once you're settled into your office and make the obligatory introductions, your new co-worker starts sharing a story about their exciting weekend. It turns out they just got engaged at their favorite restaurant. They're showing you and the whole office photos from their big moment. After your busy and rewarding clinic day, your boss – the Division Chief, a rising star in the field, walks in to your office to welcome you to the group and see how your first day went.

Interactive Case-Based Discussion – Example Exercises/Prompts

A Stereotypes and Bias Brain Exercise con't:

Now open your eyes. You should have a clear image of all of that. I have a few questions for you. In your mental image:

Was that nice trooper that let you off with a warning Black? Were they a woman?

Your newly engaged co-worker, in the photos you saw from their engagement, were there two Men? Or two Women?

Did the Division Chief look like [name of a female, POC staff member]?

It's okay if one or all of your answers are no. The things I mentioned are generally less familiar and despite this being things we may explicitly want in our life to be true, we may still default to more common scenarios.

Interactive Group Discussion with Panel Experts - Example Exercises/Prompts

The session begins with an introduction of the panelists who can be chosen based on self-stated research or clinical interest in care of diverse patient populations. Panelists are invited to provide information regarding their interest and role in addressing/researching health disparities. This is followed by a panel-based discussion, breakout sessions, and large group discussion/debrief.

Organizers remind everyone to keep conversations respectful. Openness and respect for different experiences and opinions are encouraged. Acknowledge that some might need to step away from the conversation or event if needed.

1. Panel Discussion (20 minutes) :

Using pre-written questions, facilitators explore topics related to health disparities and health equities to the panelist in preparation for the upcoming breakout session and to highlight areas of improvement in clinical and research practice.

Sample questions include:

- What are some of the unique challenges associated with addressing health disparities and health equity in epidemiologic research?
- What have been some good resources/mentors/allies that you have found helpful when cultivating a clinical/research space focused on health equity?
- What is the biggest hurdle our field faces when it comes to making a substantial impact on health disparities?
- What are some policy related aspects or ways that public health agencies can help promote work in this space? In our specialty?

Interactive Group Discussion with Panel Expert - Example Exercises/Prompts

After the Panel Discussion, the group is broken up into breakout groups of mixed levels

1. Small-Group Breakout Session (20 minutes): 3-6 participants per group, Groups can be chosen based on size of audience and type of training environment. Each group explores their assigned topic through facilitated discussion using their own experiences. E-resources for support. The prompts for discussions are as follow:

Groups 1-3: Addressing Inequities via Clinical Practice Prompts: “You’re a part of a work group that was created to address Health Disparities in [name of disease associated with the group]. Discuss and identify specialty specific ways to inform and improve a provider’s ability to address structural and process of care barriers for patients as it relates [name of barrier to care related to the assigned group disease].

1)– Eczema: Bias, racism, and discrimination

2)– Asthma: Structural/SDoH: Environment (physical and social environment)

3)– Food Allergy: Structural/SDoh: Socioeconomic Status (education and economic stability)

Group 4: Addressing Health Equity Through Research:

“Your group is writing a center grant to explore development of atopy. The Grant RFA requires addressing increasing diversity in research by reflecting on concerns about mistrust and vulnerable populations. Explore how researchers can address bias, racism, and research hesitancy through thoughtful considerations in study design and recruitment.”

Group 5 Incorporating Structural/Social Determinants of Health Outcomes in Research Design:

“Your group is a part of a research group that is evaluating the effects of a new small molecule oral agent that will be a therapeutic option to treat severe, persistent asthma. You are co-funded by the NIMHD and need to ensure that your study design identifies and mitigates barriers to care that might impact recruitment and clinical trial endpoints. Outline sociodemographic barriers to care that might impact medication response, morbidity, and health outcomes for patients with asthma.”


Interactive Group Discussion with Panel Expert - Debrief

1. Large Group Debrief and Discussion. (Remainder of Session: 3-5 minutes per group, 25 mins total):
2. Each group has 3-5 minutes to present key issues and solutions discussed during the sessions.
3. Facilitators can direct individual questions to each panelist based on their area of expertise or to other groups who tackled similar topics.

[Can use a facilitator/moderator to take notes on a shared screen/whiteboard or shared document]

Organizers can thank everyone for their participation, professionalism and openness in discussing the topics

Additional Resources



Sample Clinical Prompts

There are key areas of interest and unmet need in health disparities, health equity, and disparities education within the field of Allergy and Immunology.

We organized these areas into 6 guiding principles for developing a framework of core competencies for disparities training in Allergy & Immunology:

- racism and bias
- economic context
- barriers to research participation
- advocacy and social justice
- social context
- environmental impact

Using this framework, we created a few examples of prompts that clinicians can use during interactions with patients to assess elements of health disparities.

This is, by no means meant to be a comprehensive or all-inclusive list, but instead a thoughtful starting point for clinicians interested in incorporating health disparities focused questions into their practice.

Sample Clinical Prompts – Racism and Bias

(Opening statement) I know this may not feel relevant to you right now. But it will help me to get a sense of your life outside of the hospital/clinic.

How often, if ever, have you ever experienced discrimination, been prevented from doing something, or been hassled, or made to feel inferior while receiving care because of your race, ethnicity, or skin color?

In terms of race and ethnicity, how do you identify?

How often, if ever, have you felt that you were treated unfairly or received substandard care because of your race, gender, sexual orientation, or disability?

Sample Clinical Prompts – Economic Context



Sometimes, words in English that we use in the medical field are difficult to understand even for native English speakers. Would you mind if I use a translator to ensure we prevent anything from being lost in translation?


I know that sometimes it can be confusing or overwhelming to come to the doctor's office. We've gone over a lot of information, is there anything that I can help explain or communicate more clearly before we finish our visit today?

You seem hesitant about our plan for your treatment, what concerns do you have about what we have discussed so far?

Can you tell me, in your own words, what you think the most important information from our visit today?

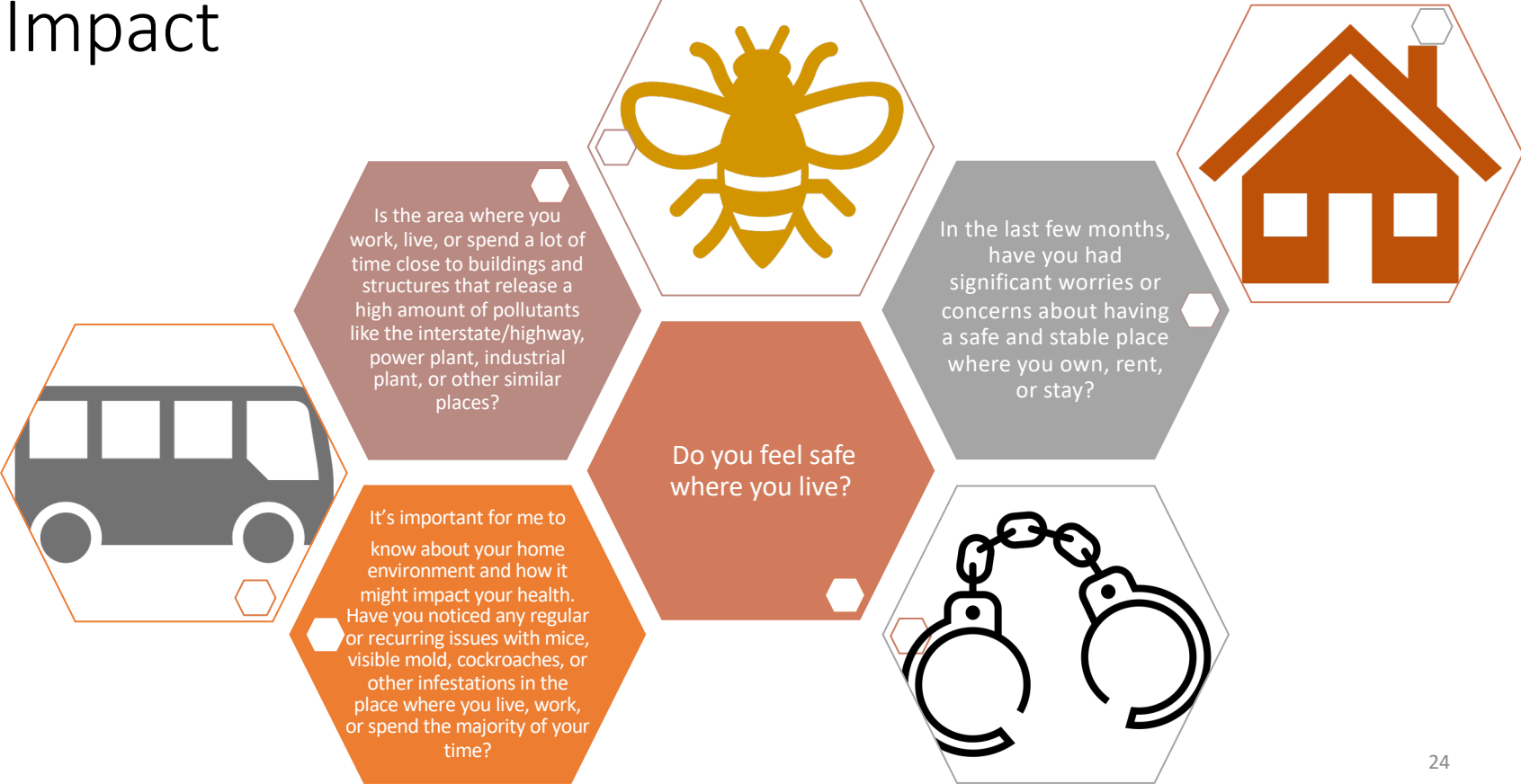
How confident are you in filling out medical forms by yourself?

I recognize that it can be expensive for some patients to make it to my clinic. I've noticed that you arrived late for your last few appointments. Are there any barriers that make it difficult for you to get here (e.g. transportation or child care)?



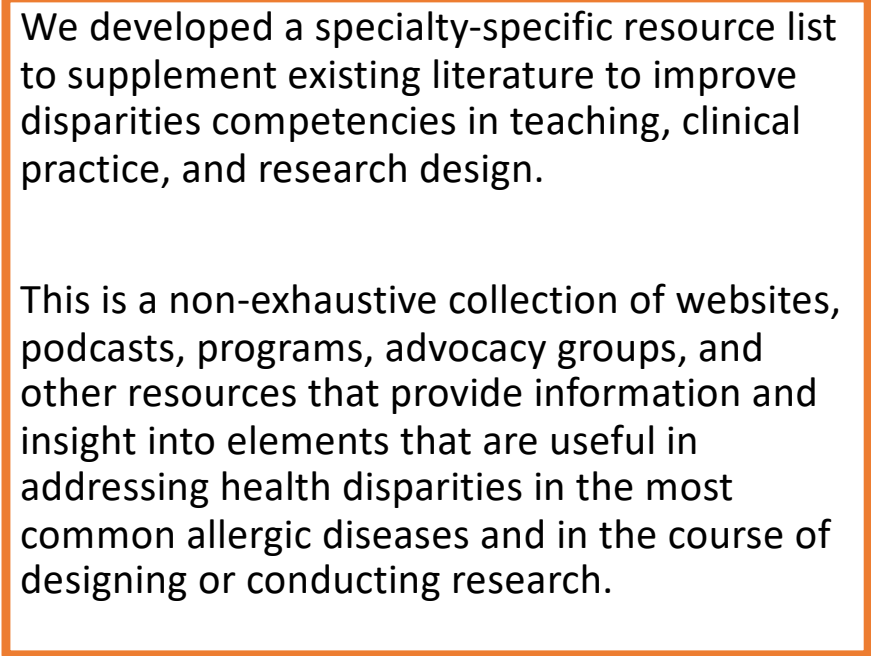
Sample Clinical Prompts – Social Context

Sample Clinical Prompts – Environmental Impact





Additional Resources



We developed a specialty-specific resource list to supplement existing literature to improve disparities competencies in teaching, clinical practice, and research design.

This is a non-exhaustive collection of websites, podcasts, programs, advocacy groups, and other resources that provide information and insight into elements that are useful in addressing health disparities in the most common allergic diseases and in the course of designing or conducting research.

General Resources for Health Disparities-focused Care of Patients with Allergic and Immunologic Diseases

- Educational Course for Trainees and Providers
 - AAAAI [Slide Deck](#) on Disparities within Allergy and Immunology by the Committee on the Underserved (AAAAI membership required):
 - Health and Human Services has created an [educational program](#) for physicians (and other providers) directed at addressing the National CLAS Standards, which are a set of 15 action steps intended to advance health equity, improve quality, and help eliminate health care disparities.
 - [AAP Course](#): Fighting Racism to Advance Child Health Equity (AAP membership required)



Engage in structural humility by identifying bias and structural barriers in local context

Hire and support diverse staff representative of the community-
American Hospital Association [Diversity Assessment Tool](#)

Ensure systems are in place to provide culturally competent, shared decision making in counseling and education regarding disease - [Cultural Competency Self-Assessment Tool](#) by the NCCC

General Health Disparities:

Conscious Approaches
for Care of Patients with
Allergic and Immunologic
Diseases

General Resources for Health
Disparities-focused Care of Patients
with Allergic and Immunologic
Diseases -

Incorporate and assess community
needs or social determinants of
health assessments in clinical
practice and management decisions
using these adaptable resources:

American Academy of Family Practice [10-Question
Screening Tool](#) (Everyone Project)

iScreen Social Screening Questionnaire - 46
Question Survey Tool¹¹

[CDC Community Health Improvement Navigator](#)

NACHC Protocol for Responding to and Assessing
Patients' Assets, Risks, and Experiences
([PRAPARE](#))

[Rural Health Information Hub's Tools](#) to Assess and
Measure Social Determinants of Health



Care of patients with food allergy

Engage in structural humility by identifying bias and structural barriers to care/health outcomes

Educational Course for Trainees and Providers

Recorded episode of the AAAAI podcast series, Conversations from the World of Allergy - Carla Davis, MD FAAAAI discusses disparities related to food allergy

Access it at: https://education.aaaai.org/podcasts/podcast_FAdisparities

Administrative Interventions

Best practice checks to ensure Food Allergy/Asthma Action Plans, Epinephrine Autoinjector, and Food Insecurity screenings are provided/performed for all patients

Care of patients with food allergy

Design peer-based educational sessions with partnered referral providers and communities

Create multidisciplinary opportunities to identify and address complex care needs for patients from historically disadvantaged backgrounds with non-physician services (e.g. - social work, dietician, nutrition, pharmacists etc).

Identify and partner with local and national advocacy groups

Examples of programs	Children's Mercy Food Allergy Center of Excellence ¹²
	Industry Sponsored EpiPen for Schools Program

Examples of programs	Code Ana
	Guides schools through the development and implementation of medical emergency response plan

National and Patient Advocacy Groups	Food Allergy Research and Education
	The FPIES Foundation
	Food Equality Initiative

Care of patients with atopic dermatitis

Engage in structural humility by identifying bias and structural barriers to care/health outcomes

Educational Course for Trainees and Providers

Dermatologist, Amy McMichael, MD, Chair of the LiVDerm Deep Dive Racial Disparities in Dermatology programs, shares highlights on the current health disparities in dermatologic care for patients with skin of color

[Watch it here: https://www.youtube.com/watch?v=qN56w76_GNQ](https://www.youtube.com/watch?v=qN56w76_GNQ)

The Impact of Skin Color and Ethnicity on Clinical Diagnosis and Research, Virtual Series by Skin of Color Society, NEJM Group, and VisualDx

[Watch recorded sessions here: https://specialevents.nejm.org/impact-of-skin-color-and-ethnicity-on-clinical-diagnosis-and-research/#lp-pom-block-113](https://specialevents.nejm.org/impact-of-skin-color-and-ethnicity-on-clinical-diagnosis-and-research/#lp-pom-block-113)

Identify and partner with patient advocacy groups

[National Eczema Association](#)

[National Eczema Council](#)

[National Eczema Society](#)

[Skin of Color Society](#)

Identify alternative resources to train providers in recognizing AD in patients of all skin types

ACAAI and AAN partnered teaching resource

[Access it here: www.eczemainskinofcolor.org](http://www.eczemainskinofcolor.org)

Project Impact

[Access it here: https://www.visualdx.com/projectimpact/](https://www.visualdx.com/projectimpact/)

Care of patients with asthma

Engage in structural humility by identifying bias and structural barriers to care and related health outcomes

Incorporate community needs or social determinants of health assessments in community based clinics or academic multidisciplinary clinics

Educational Resources:

- Recorded episode of the AAAAI podcast series, Conversations from the World of Allergy featuring interview with Tamara Perry, MD FAAAAI about how socioeconomic and racial/ethnic disparities impact the prevalence of asthma
https://education.aaaai.org/podcasts/podcast_AsthmaDisparities

Administrative Interventions:

- Best practices checks to ensure appropriate clinical assessments and medications use are evaluated during visits.
- Increase funding to provide care to underinsured and public insured patients.
- Assess opportunities to implement prescription monitoring programs to assess costs and adherence in addition to best prescribing practices are used during care visits

Example Program:

- Impact DC Program sponsored by Children's National Medical Center, learn more here: <https://childrensnational.org/departments/impact-dc-asthma-clinic>

Care of patients with asthma

Identify and partner
with local and
national patient
advocacy groups

Understand and
incorporate the impact
environment on health
outcome

National Advocacy and Patient Advocacy Groups:

[Asthma and Allergy Foundation of America](#)

[Allergy and Asthma Network](#)

School based programs

School-based Asthma Management Program: [Comprehensive resource from the AAAAI](#)

EPA - EJScreen

The EPA has developed an environmental justice mapping and screening tool called EJScreen. It is based on nationally consistent data and an approach that combines environmental and demographic indicators in maps and reports.

<https://www.epa.gov/ejscreen>

AAAAI Educational Lectures	https://education.aaaai.org/
QI projects	Encourage the assessment and implementation of DEI-focused quality improvement projects and efforts for the clinical practice, institutional policies, and research protocols at the practicing institution
COLA Conference Lecture by Dr. Bridgette Jones	Dr. Jones discusses the issues of bias and racism. (Presented on August 14, 2020) https://www.youtube.com/watch?v=2YqxTp5VKo0

Racism, bias, and discrimination in recruiting practices and protocol design for research studies

Engage in structural humility by incorporating bias and disparities training in the research into fellowship curricula

Integrating Equity into QI and PS (IHI)

Free resources to support healthcare entities and clinicians interested in sustainable ways to advance health outcomes within their community, health system, and beyond.
<http://www.ihl.org/resources/Pages/default.aspx>

PROMIS® (Patient-Reported Outcomes Measurement Information System®)

A set of person-centered measures that evaluates and monitors physical, mental, and social health in adults and children. It can be used with the general population and with individuals living with chronic conditions.
<https://www.healthmeasures.net/explore-measurement-systems/promis>

Agency for Healthcare Research and Quality

A comprehensive source of hospital care data, health care delivery, and patient outcomes over time, and at the national, regional, state, and community levels. Trends for measures related to access to care, affordable care, care coordination, treatment, patient safety, and person-centered care are available.

Healthcare Cost and Utilization Database
<https://www.ahrq.gov/data/hcup/index.html>

National Healthcare Quality and Disparities Reports
<https://www.ahrq.gov/research/findings/nhqrdr/index.html>

Racism, bias, and discrimination in recruiting practices and protocol design for research studies

Assess understanding of the impact of structural racism on health outcomes and research design

Racism, bias, and discrimination in recruiting practices and protocol design for research studies

Engage with private and public entities with vested interest in identifying, prioritizing, and addressing disparities in clinical practice and research involving patients from minoritized backgrounds

The Office of Minority Health of the HHS The Office provides quantitative information related to minority health, including sourcing and maintaining a body of expert knowledge on minority health status initiatives, and demographic statistics and analyses on minority populations, compiled by the National Center for Health Statistics, the Census Bureau, private foundations, clinical practitioners, private data sources and public agencies.
<https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=1&lvlid=4>

CDC CORE Health Equity Science and Intervention Strategy CDC's CORE Health Equity Science and Intervention Strategy is designed to work in collaboration to challenge CDC centers to incorporate health equity and efforts to address health disparities as a foundational element across all our work – from science and research to programs, and from partnerships to workforce.
<https://www.cdc.gov/healthequity/core/index.html>

National Minority Quality Forum The NMQF is a research and educational organization dedicated to ensuring that high-risk racial and ethnic populations and communities receive optimal health care.
<https://www.nmqf.org/>

PRIDE - RISE Program UCSF Research in Implementation Science for Equity (RISE) Program are to train and sustain scholars underrepresented in biomedical sciences for long-term success in academic careers pursuing innovative research of interest to the NHLBI
<https://pridecc.wustl.edu/programs/research-in-implementation-science-for-equity>

HOPE Initiative Interactive data tool designed to track social determinants of health and health outcomes by race, ethnicity, and socioeconomic status on state and national level
<https://www.hopeinitiative.org>

Racism, bias, and discrimination in recruiting practices and protocol design for research studies

Engage with private and public entities with vested interest in identifying, prioritizing, and addressing disparities in clinical practice and research involving patients from minoritized backgrounds

AAAAI Committee on the Underserved

Committee focused on defining, addressing, and mitigating health disparities within allergy/immunology in racial and ethnic underserved populations ¹²

Patient-Centered Outcomes Research Institute (PCORI)

PCORI funds research that offers patients and caregivers the information they need to make important healthcare decisions. The Evaluation and Analysis program provides evaluation expertise, while the Engagement program gives patients, caregivers, clinicians, and other healthcare stakeholders opportunities for meaningful involvement in all their activities. <https://www.pcori.org/>

National Institute of Minority Health Disparities (NIMHD) - HD Pulse

A repository of data and resources for addressing health disparities including a data portal for analyzing health disparities and intervention portal (still in development) for identifying evidence-based interventions for addressing health disparities. <https://hdpulse.nimhd.nih.gov/>

NIMHD Publication (Textbook) - The Science of Health Disparities Research

A textbook authored by experts in health disparities research that provides information on conducting clinical and translational health disparities studies.

Learn more here: <https://www.nimhd.nih.gov/about/publications/the-science-of-health-disparities-research.html>

NIMHD - Health Disparities Research Institute

The National Institute on Minority Health and Health Disparities (NIMHD) annually hosts the Health Disparities Research Institute (HDRI), which aims to support the research career development of promising early-career minority health/health disparities research scientists and stimulate research in the disciplines supported by health disparities science. <https://www.nimhd.nih.gov/programs/edu-training/hdri/>

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