HEALTH EQUITY CALL FOR RESEARCH:
AAMC Consumer Survey of Health Care Access

Informational Webinar
June 18, 2020
Association of American Medical Colleges

Michael Dill
Director, Workforce Studies

Natalie Felida, MPH
Research Analyst, Workforce Studies

Funmi Makinde, MPH, CHES
Health Equity Research Analyst

Karey M. Sutton, PhD
Director, Health Equity Research Workforce
AAMC CHARGE is a forum for investigators, clinicians, and community partners who design and implement research that eliminates health and health care inequities.

What does AAMC CHARGE do?

- Share accomplishments and crowdsource opportunities for professional achievement.
- Facilitate innovative multi-sector partnerships, collaborations, and research that contribute to the evidence base for solutions to health and health care inequities.
- Collaborate on policy work that impacts health equity at institutional, local, state, and federal levels.

How can I get involved?

Email healthequityresearch@aamc.org to join!

- Joint call between the AAMC’s Workforce Studies team and Health Equity Research and Policy team
- Provides access to never before publicly available data
- An opportunity to contribute innovative, actionable, relevant research to the health/health care equity evidence base
DEFINITIONS

- **Health Equity** - A state where everyone has the opportunity to attain his or her full health potential and no one is disadvantaged because of their social position or other socially derived circumstance.

- **Health Disparity/Inequity** - A measurable, systematic, avoidable, and unjust difference in health between groups, stemming from differences in levels of social advantage/disadvantage.

- **Health Care Disparity/Inequity** - A measurable, systematic, avoidable, and unjust difference in health care access, utilization, quality, and outcomes between groups, stemming from differences in levels of social advantage/disadvantage.

WHO CAN APPLY?

- Open to students, community based or faith based organizations, nonprofits, federal agencies, and institutions of higher education.

- Multi-institution and multisector collaborations are encouraged.

- **Must be a participant of AAMC CHARGE prior to applying.**
  - To join, email healthequityresearch@aamc.org with your name, title, and organization.
Once applicants have joined AAMC CHARGE, they can submit a brief proposal online.

Applications from individuals who are not part of AAMC CHARGE will not be reviewed.

Proposal requirements are listed in the full Request for Proposals (RFP), and include both project and researcher information.

Proposal Requirements:

1. Project timeline
   - Projected completion date must be within 12 months.

2. The research question(s)

3. Description of the study
   - How will this study build the evidence base for health/health care equity solutions?

4. An outline of the approach
   - Describe the work that will be done and the process(es) involved to execute the project
   - Specify variables you intend to use in this section
Key things to note:

- You must have an account with CadmiumCD to apply.
  - Application is divided into two portions, the Researcher Information and Proposal Outline.
  - Only 1 submission allowed per researcher/research team. No individual can serve as the primary applicant for more than one proposal.
- Curriculum Vitae must be uploaded for each member of the research team, NOT just primary applicant. Maximum of 5 researchers per team.
- REMEMBER to list the names of variables to be used (found in Codebook) in your outline.

APPLICATION

APPLICATION PROCESS

- Over 2000 respondents who self reported that they needed health care within the last year
- Multi-year survey (19 “waves”) that:
  - Provides demographic/contextual health information for nationally representative sample.
  - Collects a wealth of data ranging from patient-provider communication to the use of telemedicine.
  - Has been used/referenced in peer-reviewed publications and data snapshots.
Since December 2010

Survey is released every 6 months

Online panel

People who need care

Core sample = 2,000 respondents

Stratified by age and health insurance status

Every other survey wave oversample = 1,500
  - Minority
  - Rural
  - Medicaid recipients
  - Low income
  - Uninsured

2,000 + 2,000 + 1,500 = 5,500 unique responses annually

Data are weighted by sex, age, race and ethnicity, employment status, household income, educational attainment and geographic region using data from the U.S. Census
Millions of Americans cannot always get care when they need it

8% of U.S. adults (>29 million people) could not always get care

- Did not need care 47%
- Not always able to get needed care 8%
- Always able to get needed care 44%

Could not afford, 3%
Could not get appointment soon enough, 1%
Could not find provider, 3%
Other, 1%
Transportation problems, <1%

Source: AAMC Consumer Survey of Health Care Access Wave 19, December 2019
Access has improved, but it is not the same for everyone

PERCENT NOT ALWAYS ABLE TO GET CARE

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid (n=853)</td>
<td>20%</td>
<td>19%</td>
<td>17%</td>
<td>16%</td>
<td>17%</td>
<td>15%</td>
<td>13%</td>
<td>14%</td>
<td>17.0%</td>
</tr>
<tr>
<td>Medicare (n=554)</td>
<td>20%</td>
<td>19%</td>
<td>17%</td>
<td>16%</td>
<td>17%</td>
<td>15%</td>
<td>13%</td>
<td>14%</td>
<td>10.9%</td>
</tr>
<tr>
<td>Private (n=2209)</td>
<td>20%</td>
<td>19%</td>
<td>17%</td>
<td>16%</td>
<td>17%</td>
<td>15%</td>
<td>13%</td>
<td>14%</td>
<td>8.8%</td>
</tr>
<tr>
<td>Hispanic (alone or any race) (n=346)</td>
<td>17%</td>
<td>17%</td>
<td>15%</td>
<td>14%</td>
<td>13%</td>
<td>11%</td>
<td>9%</td>
<td>8%</td>
<td>14.6%</td>
</tr>
<tr>
<td>Asian (n=152)</td>
<td>15%</td>
<td>15%</td>
<td>13%</td>
<td>12%</td>
<td>11%</td>
<td>9%</td>
<td>7%</td>
<td>6%</td>
<td>14.4%</td>
</tr>
<tr>
<td>Black or African American (n=536)</td>
<td>15%</td>
<td>15%</td>
<td>13%</td>
<td>12%</td>
<td>11%</td>
<td>9%</td>
<td>7%</td>
<td>6%</td>
<td>13.2%</td>
</tr>
<tr>
<td>White (n=3755)</td>
<td>15%</td>
<td>15%</td>
<td>13%</td>
<td>12%</td>
<td>11%</td>
<td>9%</td>
<td>7%</td>
<td>6%</td>
<td>8.6%</td>
</tr>
</tbody>
</table>

Suburban (n=2404)
Rural (n=1065)
Urban (n=1527)

Heterosexual (n=4429)
Gay or lesbian (n=213)

Bisexual (n=284)

Multiple race, non-Hispanic (n=104)

White (n=3755)
Hispanic (alone or any race) (n=346)
Asian (n=152)
Black or African American (n=536)

Source: AAMC Consumer Survey of Health Care Access Wave 2-19

Applications will be reviewed by a team of eight representatives from various AAMC work units.

Some proposal criteria will be used to triage and filter applications prior to formal review process.

- Does application meet all requirements?
- Is there a clear health/health care equity focus?

Key criteria to focus on are **clarity**, **feasibility**, and **alignment** with the Call for Research’s health equity focus.

- Can the proposed study be accomplished within the indicated timeline, and with the available data?
- Is there potential to generate new knowledge?
- Can the proposed research be accomplished by the proposed team/person?
Selected applicants will be given access to the applicable data for **12 months**, at no cost.
- Awardees will be required to sign a **Data Use Agreement (DUA)** with the AAMC before they are given access to the data.
- Data access will be given for 12 months, and studies must be completed within this timeframe.

**Travel award is contingent**
- Once studies are completed and summary findings are submitted to the AAMC, the AAMC will consider supporting the researcher(s) to present their findings via other platforms, such as webinars or AAMC conferences.

**Key Dates & Deadlines**
- **June 3, 2020**: Call for Research released; application open.
- **July 24, 2020**: Call for Research closes.
- **August 10, 2020**: Awardees notified.
- **September 1, 2020**: Access to data granted (pending signed DUA).
QUESTIONS?

Q & A

For more information, visit our websites:
www.aamc.org/healthequity
www.aamc.org/charge

For questions, and/or to join AAMC CHARGE, email:
healthequityresearch@aamc.org

THANK YOU!