Supplementary Online Content


eTable. Proposed USPSTF Actions to Address Racism in Clinical Preventive Services Recommendations

This supplementary material has been provided by the authors to give readers additional information about their work.
cTable. Proposed USPSTF Actions to Address Racism in Clinical Preventive Services Recommendations

<table>
<thead>
<tr>
<th>Components in Recommendation Development Process</th>
<th>Proposed USPSTF Actions</th>
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| Overall approach | - Consider race primarily as a social construct and employ consistent terminology in recommendation statement  
- Move beyond using race as a proxy for racism and directly address its effects on clinical preventive services  
- Develop, integrate, and iteratively refine a health equity framework into USPSTF methods for developing recommendations |
| Current state of evidence | - Conduct an evidence review to identify frameworks and strategies for eliminating health inequities through clinical preventive services  
- Perform an environmental scan of guideline-making bodies and interview key stakeholders to inform USPSTF actions |
| USPSTF expertise | - Promote sustained diversity of USPSTF membership through active recruitment from groups that are underrepresented  
- Increase diversity from groups that are underrepresented in USPSTF leadership roles  
- Build expertise in health disparities and racism for clinical preventive services |
| Informing evidence reviews | - Routinely include methods during recommendation development to identify evidence of disproportionately affected populations by a particular condition or variation in the effectiveness of the preventive service  
- Include methods to identify systemic racism as a causal factor for variations in prevalence and outcomes  
- As appropriate, add contextual questions to assess whether there are evidence-based interventions to reduce inequities caused by systemic racism within a specific recommendation statement  
- Identify the types of studies needed to address systemic racism |
| Interpreting the evidence | - Identify the types of outcomes needed to address racism  
- Consider appropriate use of applicability, extrapolation, modeling, individual patient data meta-analyses, and other methods to address evidence gaps for populations that are underrepresented in research studies. |
| Communicating evidence gaps | - Routinely highlight evidence gaps related to race and racism for each clinical preventive service  
- Where needed, call for additional research for addressing systemic racism to improve delivery of preventive services  
- Seek to partner with the Community Preventive Services Task Force, other guideline making bodies, professional societies, and policy makers, and patient advocacy organizations to advance implementation strategies that may mitigate health inequities related to racism  
- Seek partnerships with guideline-making bodies to address the diagnostic, treatment, and public health factors that contribute to health inequities related to clinical preventive services  
- Develop a clear communications approach for each recommendation about the inclusiveness of trials for the preventive service and the understanding of interventions to reduce the health inequities caused by systemic racism |