Are you implementing an anti-racism practice\(^1\) in your health system to dismantle systemic racism, transform health care, improve chronic disease outcomes, reduce disparities, and advance health equity?

The Centers for Disease Control and Prevention’s (CDC) Division for Heart Disease and Stroke Prevention (DHDPSP) is working with NORC at the University of Chicago (NORC) to identify and evaluate health systems implementing anti-racism practices with the potential to reduce health disparities and improve outcomes related to heart disease, stroke, and other cardiovascular disease conditions.

The purpose of this project is to evaluate the impact of these anti-racism practices on the delivery of health care and health equity. Nominating your health system (or encouraging your provider partners to nominate themselves) will help CDC build an evidence base to inform practice and understand the opportunities and challenges of implementing anti-racism practices in health care delivery.

We are seeking nominations for interested sites that meet the organizational eligibility criteria below. **Nominations are due by December 23, 2022.**

**Eligibility Criteria**

- Any health care organization or system, including but not limited to federally qualified health centers and look-alike organizations, safety net hospitals, critical access hospitals, school-based health centers, Tribal and Urban Indian health centers, outpatient community clinics, academic medical centers, health plans, accountable care organizations, managed care organizations, and other health care provider networks.
- Currently implementing an anti-racism practice\(^2\) at the organizational, community, interpersonal (provider-patient), and/or individual level.\(^3\) The intervention:
  - Focuses on dismantling racism,\(^4\) advancing health equity, or reducing health disparities\(^5\) among racial and ethnic minorities.
  - Focuses on cardiovascular disease (CVD) or other chronic diseases.
  - Has not yet undergone a comprehensive evaluation.
  - Has been implemented for at least 12 months.
- The site has been collecting data (e.g., blood pressure control or CVD-related health outcomes disaggregated by race/ethnicity, number of staff trained on the anti-racism practice, health care provider knowledge changes pre/post anti-racism practice training, social determinants of health indicators, health equity-related outcomes) for at least 6 months OR has data collected as part of routine practice that can be used to evaluate the intervention’s impact.
- The site is located within the United States.

1. In the context of health care institutions, anti-racism requires unpacking how historical and contemporary manifestations of racism across levels fundamentally drive racial health inequities, as well as critically confronting how medical and scientific institutions (including one’s own institution) are implicated in perpetuating racism. Anti-racism also involves organizational action to disrupt racism and move towards racial health equity through areas like resource allocation, policies and procedures, care delivery practices, workforce development, and community engagement. Source: BLKHLTH.
2. CDC defines practice as any anti-racist initiative, activity, policy, or program intervention the nominee is conducting at the health care organization.
3. Examples of anti-racism practices at different levels may look like:
   - Individual: Providing recurring educational opportunities with an explicit anti-racism and racial health justice focus to current and onboarding health care staff
   - Interpersonal: Implementing cultural schemas in clinical practice to reduce racism in provider-patient interactions
   - Community: Establishing ongoing partnerships with racial and ethnic minoritized community and patient populations that incorporate shared power structures
   - Organizational: Implementing anti-discrimination reporting and compliance procedures for patients, providers, and staff
4. Racism: “a system – consisting of structures, policies, practices, and norms – that assigns value and determines opportunity based on the way people look or the color of their skin. This results in conditions that unfairly advantage some and disadvantage others throughout society.” See: https://www.cdc.gov/minorityhealth/racism-disparities/index.html.
Participation Activities for Selected Sites

Evaluation results will be shared with the health system during and after the evaluation. Findings from the evaluation will be disseminated through CDC’s website and partner channels.

Instructions for Nomination

If your organization meets the eligibility criteria listed above and you are interested in nominating your organization, please submit a brief (2 pages or less) memo or letter by December 23, 2022 via email to: AntiRacismEval@norc.org.

The nomination letter should include the following information:

- The organization name and contact information for the primary point of contact for the anti-racism practice
- A description of the patient population at the location(s) where the anti-racism practice is being implemented, including the size of the total patient population, the percentage of patients that identify as non-white, and other demographic and social determinants of health characteristics
- A description of the anti-racism practice, including:
  - The anti-racism practice name
  - When implementation of the anti-racism practice began
  - The location(s) where the anti-racism practice is being implemented
  - The primary goals of the anti-racism practice
  - The activities that comprise the anti-racism practice
  - The level(s) at which the anti-racism practice operates (individual, interpersonal, community, and/or organizational)
  - The involvement of community members in the development and/or implementation of the anti-racism practice
  - The health condition(s) on which the anti-racism practice focuses
  - The number of patients that have been reached or affected by the anti-racism practice (all time and/or currently)
- Any monitoring or evaluation history of the anti-racism practice, including outcomes currently being monitored, how long they have been monitored, any observed changes over time associated with the anti-racism practice, and/or plans to monitor outcomes in the future
- The types of data available to support an evaluation of the anti-racism practice, such as EHR data, payer claims, registry data, or administrative records
- A description of staff and data system capacity to retrieve and share quantitative data reports on the anti-racism practice delivery, patient social determinants of health, and patient clinical outcomes with NORC’s evaluation team

Submit nominations by December 23, 2022. Earlier submission is highly encouraged.