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AAMC
CHARGE
Collaborative for Health Equity: Act, Research, Generate Evidence

HEALTH EQUITY CALL FOR RESEARCH:

AAMC Consumer Survey of Health Care Access

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Health Equity Call for Research: AAMC Consumer Survey of Health Care Access Deadline for Research Proposals: July 24, 2020

Introduction

In recognition of the importance of research and the dissemination of evidence-based solutions to achieve health equity, the AAMC (Association of American Medical Colleges) founded the Collaborative for Health Equity: Act, Research, Generate Evidence (CHARGE), a forum for investigators, clinicians, and community partners to collaborate and improve upon research that aims to minimize disparities in health and health care. The use of established AAMC data, such as those from the AAMC Consumer Survey of Health Care Access, serves as a unique opportunity for participants of AAMC CHARGE to build the evidence base necessary to facilitate health equity solutions.

The AAMC Workforce Studies team and Health Equity Research and Policy team are soliciting proposals for research that would be based on data from the AAMC Consumer Survey of Health Care Access. The AAMC Consumer Survey of Health Care Access, launched in 2010, takes an inclusive approach to defining access to care. The survey collects information ranging from insurance coverage and usual source of care to travel time and the quality of patient-provider communications, as well as extensive data on demographic characteristics, health history, and the care received (such as the type of place and provider).

Applicants should submit a health equity-focused research proposal with research questions that can be answered using data from the AAMC Consumer Survey of Health Care Access, described below. The proposed studies should promote innovative, actionable, relevant research that uses the available data to answer important health equity-focused questions and inform health care policy.

About the AAMC Consumer Survey of Health Care Access

Each wave of the AAMC Consumer Survey of Health Care Access consists of a core sample of approximately 2,000 respondents who needed health care in the last 12 months, stratified by age and health insurance status (quotas are set for age-insurance combinations). In addition to the core sample, every other survey wave includes an oversample of an additional 1,500 respondents from select subgroups (minority, rural, and/or Medicaid recipients). The survey is fielded twice each year; to date there have been 19 waves of the survey, starting in 2010 and continuing through 2019. To better represent the adult population as measured by the U.S. Census Bureau, data are weighted by sex, age, race and ethnicity, employment status, household income, educational attainment, and geographic region.

Examples of published analyses that have used the AAMC Consumer Survey of Health Care Access include:

- Dill MJ, Pankow S, Erikson C, Shipman S. Survey shows consumers open to a greater role for physician assistants and nurse practitioners. *Health Aff.* 2013;32(6):1135-1142.
- Park J, Erikson C, Han X, Iyer P. Are state telehealth policies associated with the use of telehealth services among underserved populations? *Health Aff.* 2018;37(12):2060-2068.
- Leach B, Gradison M, Morgan P, Everett C, Dill M, Strand de Oliveira J. Patient preference in primary care provider type. *Healthc (Amst)*. 2018;6(1):13-16.
- Iyer P, Hampton S, Jones K. *Patient and Provider Video Communication: Differences and Similarities in Respondent Use and Willingness to Use Video*. Washington, DC: AAMC; January 2018. AAMC Workforce Studies Data Snapshot.
- Fisher K. *Gay, Lesbian, and Bisexual Health Care: Medical Care Access and Patient-Provider Communications*. Washington, DC: AAMC; December 2017. AAMC Workforce Studies Data Snapshot.

Questionnaire Content and Examples of Data Available

The survey collects a series of demographic variables, such as those regarding age, sex, race/ethnicity, marital status, geographic region, employment, education, income, household size, and number and ages of children in the household. A core set of questions about access to care remain the same across all survey waves.

Access to care data include:

- The ability to obtain health care (always, never, or only some of the time).
- Type of health insurance coverage (e.g., private, Medicare, or Medicaid).
- Wait time for care.
- A respondent's usual source of care.

Health care provider data include:

- Where respondents receive care.
- Source of care (generalist or specialist; physician, nurse practitioner, or physician assistant).

Quality of health care and health status data include:

- Satisfaction with care.
- Experiences during medical care visits.
- Most recent medical care visit.
- Difficulties with communication.
- Chronic condition diagnoses.
- Limitations due to physical or mental health conditions.

Other data available for certain waves include:

- Telemedicine utilization.
- Access to mental and behavioral health care.
- Access to dental care.

For more information about what data are available for analysis, please refer to the AAMC Consumer Survey of Health Care Access [Data Dictionary and Codebook](#).

Eligibility Criteria

Between three and five researchers or research teams will be selected to receive access to data from the AAMC Consumer Survey of Health Care Access through a competitive application process. To be eligible, all applicants must be participants in AAMC CHARGE. To join AAMC CHARGE, email healthequityresearch@aamc.org with your name, title, and organization. AAMC CHARGE members do not need to be from an AAMC-member institution.

Awards

- Successful applicants will be given access to selected data at no cost to the awardee. Awardees will be required to sign a Data Use Agreement (DUA) with the AAMC prior to receiving the data.
- Data access will be provided for up to 12 months.
- Upon completion of studies and remittance of summary findings to the AAMC, the AAMC will consider support for researchers to present their findings on additional platforms (e.g., webinars or conferences).

How To Apply

Applicants must [submit a brief proposal online](#) that describes the project. The proposal should contain the following information:

- Project title.
- Name of researcher(s), institutional affiliation(s), and contact information. Multi-institution and multisector collaborations are welcome.
- Project timeline, including projected completion date.
- The research question(s) being asked or the hypothesis(es) being tested (250-word limit).
- Description of the study's potential to generate significant and new knowledge to advance the field of health equity research (750-word limit).
- An outline of the approach and ability to use the available data sources (500-word limit). Please include the names of the variables you intend to use, found in the Codebook.
- Attach the curriculum vitae of each member of the research team.

Criteria for Selection

- Importance of the research questions and objectives to the AAMC and alignment with the health equity focus of this call for research.
- The extent to which the proposed research question(s) can be answered with the available data.
- Contribution to the body of knowledge.
- Adherence to the research proposal requirements.
- Clarity of content.

Proposal Review

A review team consisting of eight representatives from across AAMC work units (i.e., Scientific Affairs, Medical Education, Health Care Affairs, and Diversity Policy and Programs) will convene to review all complete applications.

Key Dates and Deadlines

June 3, 2020

Call for research RFP released and application opens.

June 18, 2020 (2:30-3:30 p.m. ET)

Informational webinar.

July 24, 2020

Call for research closes.

Aug. 10, 2020

Awardees notified.

Sept. 2, 2020

Access to data granted.

Contest Terms and Conditions

Awards are granted without warranty, express or implied, without limitation, except where this would be contrary to federal, state, provincial, or local laws or regulations. All federal, state, provincial, and local laws and regulations apply. Entrant acknowledges that a signed data-sharing agreement may be required to obtain access to the data. Entrant's participation in this contest means that Entrant agrees to be bound by these terms and by the decisions of the AAMC, which are final and binding on all matters pertaining to this contest and that Entrant has obtained any and all necessary permissions from Entrant's institution to participate in the contest under these terms and conditions. **Any potential winner who cannot be contacted within five business days of the attempted first notification will forfeit the award.**

To the extent permitted by law or applicable university policy, Entrant agrees to hold the AAMC, its subsidiaries and affiliates, and their respective directors, officers, employees, and assigns harmless for any injury or damage caused or claimed to be caused by participation in the contest and/or use or acceptance of any award won, except to the extent that any death or personal injury is caused by the negligence of the AAMC. The AAMC will not be liable in the event a typographical or other error occurs in the administration of the contest or the announcement of the winner(s). The AAMC is not responsible for any errors, defects, or omissions in the submission process, including internet or email disruptions. The AAMC further reserves the right to disqualify any submission that it in good faith believes, and in its sole discretion, infringes on or violates the rights of any third party, seeks to undermine the legitimate operation of the contest, contains false or fraudulent information, or otherwise does not comply with these terms, or to disqualify any individual or institution who tampers with the submission process. If any provision(s) of these terms are held to be invalid or unenforceable, all remaining provisions hereof will remain in full force and effect. VOID WHERE PROHIBITED.

The sponsor of this contest is the Scientific Affairs cluster of the Association of American Medical Colleges, 655 K Street, NW, Suite 100, Washington, DC 20001-2399.



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