



Baylor College of Medicine (\$5,000): Enable critical care physicians to effectively interact with culturally diverse patients and families at the end of life in the intensive care unit, through education about cultural diversity and differing cultural views related to end-of-life care.

Brigham and Women's Hospital (\$2,500): Create a Bias Incident Safety Reporting Tool that enables patients, clinicians and staff to anonymously report discriminatory incidents. Data from this pilot will be shared with the Department of Medicine to facilitate multidisciplinary discussion on bias, collate themes of incidents, and develop strategies to guide interventions.

Columbia University Medical Center (\$5,000): Create the curriculum for a residency-community partnership to learn principles of cultural humility and asset-based community development, followed by working with local community-based organizations on projects related to housing/food insecurity, substance abuse, homelessness, immigrant rights, and transition from incarceration.

Community Memorial Health System (\$5,000): Pilot a series of virtual workshops that will teach communications skills that reduce harmful bias and discrimination within the clinical learning environment, focusing on race/ethnicity, LGBTQ experience, religion and gender.

Dartmouth Hitchcock Medical Center (\$5,000): Develop and formalize a Justice Equity Diversity and Inclusion (JEDI) track to promote awareness, engagement and educational initiatives and to encourage leadership in biomedical, clinical and health care delivery research that addresses structural barriers and health inequities.

Emory University (\$5,000): Examine the influence of race/ethnicity and gender on performance assessment metrics and explore how disparities due to race/ethnicity and gender intersect in internal medicine assessment.

Florida Atlantic University (\$2,500): Create a robust, six-week diversity, equity and inclusion curriculum, covering topics including personal biases, LGBTQ health, vaccines, difficult patient encounters, women in medicine, and understanding of the community we serve.

George Washington University (\$20,000): Increase rates of colon cancer screening among Black and Hispanic patients through identifying barriers that lead to lower screening rates among those populations and building trust by, among other things, forming partnerships with community organizations. Community health advocates and physicians will collaborate to develop educational programs.

Hennepin Healthcare (\$20,000): Teach trainees to incorporate trauma-informed approaches in their practices, creating a detailed curriculum and framework for competency progress in trauma-informed care.

Hofstra University (\$5,000): Develop a DEI-related Objective Structured Clinical Examination (OSCE) that incorporates research and best practices from medical education as well as organizational diversity training.

Icahn School of Medicine at Mount Sinai (\$5,000): Develop curriculum to raise medical students' awareness about ageism and bias through the six-week geriatrics clerkship. The students' perceptions and biases regarding older adults will be tested before and after completing the curriculum.

Magnolia Regional Health Center/University of Mississippi Medical Center (\$20,000): Expand curriculum for primary care residents in both locations to include education in community settings (local neighborhood centers, clinics and health fairs) about community-focused health topics and education about patient mistrust and physician bias through a series of lectures, reflective narratives and community engagement activities. Organizers will compare survey results from patients receiving care from residents who have—and have not—received the training.

MedStar Georgetown University Hospital (\$5,000): Create an inter-specialty Social Medicine and Health Equity Track to help residents explore and develop tangible skills to address the social, racial, cultural, political and historical forces and biases that are pertinent to health care delivery.

Mount Sinai West Hospital (\$2,500): Improve outcomes for patients with diabetes and food insecurity who are treated at Federally Qualified Health Center in Harlem, providing complimentary subscription to a diabetes self-management app and seeking to increase patients' self-efficacy in lifestyle management.

NCH Healthcare System (\$5,000): Reduce health care disparities in Immokalee, Florida by improving clinicians' proficiency in Spanish and/or Haitian Creole, tutoring high school students in anatomy, health science and first aid, and exposing students to career possibilities in medicine and offering them volunteer opportunities.

Oregon Health & Science University Hillsboro Medical Center (\$20,000): Study structural racism experienced by Hispanic patients with diabetes, hypertension or obesity, which will enable the development of an anti-racism and structural competency curriculum specifically targeted to internal medicine residents.

Riverside University Health System (\$5,000): Improve the clinical competency of resident providers to care for transgender patients in the primary care setting and beyond, integrating education about the particular needs of transgender patients in the internal medicine curriculum.

Rutgers New Jersey Medical School (\$5,000): Use improvisation exercises and role play to enhance residents' awareness of subconscious bias, illustrate possible sources of bias in patient-physician interactions, and provide communication tools to help address patient concerns about bias.

Stamford Health (\$5,000): Assess Internal Medicine residents' knowledge, skills and attitudes (KSA) about DEI issues, develop a multimodal, interactive approach and expand IM residency curriculum to improve their KSA, and re-assess to determine effectiveness of curriculum.

Stanford University (\$20,000): Implement and evaluate a novel curriculum for residents that focuses on anti-racism interpersonal and communication skills training. The curriculum will build on the "Presence 5" framework, which incorporates evidence-based strategies that foster physician humanism and meaningful connection with patients.

University of Arizona College of Medicine – Phoenix (\$5,000): Implement workshop series to help trainees and faculty better understand, address, and recover from incidents of patient bias against them.

University of California Davis (\$5,000): This program will use a coaching-advising model to create a supportive and inclusive environment for diverse residents by providing earlier observation and intervention. It will seek to build trustworthiness among residents and faculty by challenging traditional hierarchical advising structures.

University of California San Diego (\$5,000): Develop series of workshops demonstrating the effect of stigmatizing language on patient care, with particular consideration of the subconscious transmission of bias through notes in the EMR. Participants will then receive training on alternative, neutral terms that can be used in place of disparaging vernacular.

University of California-San Diego (\$20,000): Recruit 20 rising high school seniors from diverse backgrounds who would be first generation college students and who are interested in a medical career to join the Integrate First program during their senior year of high school and freshman year of college. The program would provide intensive support for these students.

University of Illinois, Peoria (\$5,000): Develop curriculum for 10-month annual program hosted by Internal Medicine Department that will identify solutions to DEI-related issues, create avenues to strengthen trust and relationships between patients and clinicians, and enhance interprofessional collaboration.

University of Maryland (\$20,000): Work with the care provider for the Maryland correctional system to improve care for incarcerated transgender people, increasing the number of providers with foundational transgender competent care knowledge and skills by developing and delivering a multi-modality teaching curriculum that includes didactic, podcast and interactive learning modules using a web-based platform.

University of North Carolina (\$20,000): Teach third-year medical students to use UNC Health's newly-developed health equity dashboard to identify health disparities and collaborate with multidisciplinary teams to develop and implement quality improvement projects that promote equity.

University of Pittsburgh Medical Center (\$5,000): Increase internal medicine residents' understanding of issues faced by residents in the predominantly Black Hill District neighborhood and foster increased trust through familiarizing them with the neighborhood and having second year residents plan and produce a health-related service in conjunction with community partners.

University of Texas Southwestern (\$5,000): Hold recurring meetings of inpatient teams to review incidents in which bias or racism is thought to have occurred during a patient's hospital stay, similar to mortality and morbidity conferences to review poor clinical outcomes.

University of Washington School of Medicine (\$5,000): Develop curriculum for trainees and faculty to assist them in handling difficult encounters involving personal, institutional and interpersonal structural racism and bias.

UT Health-San Antonio (\$5,000): Develop curriculum to teach fourth-year medical students to understand legal and medical aspects of immigration and refugee policy and recognize signs of torture, trauma and abuse in adult and pediatric patients.

UT Southwestern Medical Center (\$20,000): Assess implicit bias among trainees regarding veterans and their healthcare, and trainees' knowledge and confidence in assessing veterans' health care; employ strategies such as individualization, stereotype replacement and combating micro-aggressions to address implicit bias.