



Equity Update

May 6, 2015

Letter from the team

Dear Equity Colleagues,

You may notice that this newsletter looks a little different than previous issues. In keeping with the Cochrane rebranding, the Equity Methods Group has received a new logo that is consistent with the new logos for all the other Cochrane groups. Our new logo incorporates the yellow of the Campbell Collaboration to demonstrate our affiliation with both groups. In the coming weeks, you may notice that our website looks different too, as our site is updated to be consistent with the changes of all the Cochrane websites.

This month, the Cochrane Canada Symposium will take place in Calgary, Alberta (May 21-22). The theme of the Symposium is *Reaching New Heights, Measuring Success*. We hope to see you there!

Sincerely,

The Equity Methods Team

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CONSORT Equity Extension

Over the next 3 years, the Equity Methods Group will be developing a reporting guideline for equity-sensitive Randomized Controlled Trials (RCTs). This work will include a methodology review (registered with the Cochrane Methodology Review Group) to assess the reporting of equity in RCTs, a study to assess guidelines for RCTs considering health equity, and consultations with global experts from different disciplines and stakeholder organizations on methods to improve reporting of health equity in RCTs. These studies will be used to develop draft extension item which will be finalized through consensus with an international advisory group. This project has been funded by the Canadian Institutes for Health Research.

Comments are welcome! Visit the CONSORT Equity webpage: <http://equity.cochrane.org/consort-equity>

The impact of social disadvantage in moderate-to-severe chronic kidney disease: an equity-focused systematic review



A new review by members of the Health Economics Research Centre have published one of the first 'equity-focused' systematic reviews that utilises the new Campbell and Cochrane Equity Methods Group's 'PROGRESS' acronym for identification of factors of social disadvantage. PROGRESS stands for Place of residence, Race/ethnicity/culture/language, Occupation, Gender/sex, Religion, Education, Socio-economic status and Social capital.

The review was applied to chronic kidney disease (dialysis and pre-dialysis populations) where the outcomes included access to specialist healthcare, kidney disease progression, cardiovascular events and all-cause mortality. The aim was to identify areas of inequity that could be addressed through targeted policy and priority setting in the delivery of health services or those with the greatest need. The authors devised a new checklist to assess the methodological suitability of studies for finding an effect of social disadvantage.

Among studies of good suitability, the review found socially disadvantaged pre-dialysis and dialysis patients experience poorer access to specialist cardiovascular health services, and higher rates of cardiovascular events and mortality than their more advantaged counterparts. Most notably, people with the lowest education levels, lowest incomes, no home ownership and those who were most geographically remote had significantly worse cardiovascular and mortality outcomes than those in the more advantaged social groups.

Further studies are required to identify effective interventions to reduce social disadvantage in this population with chronic disease.

This review will help inform equity considerations in the next development of the GRADE system, for evaluating the quality of evidence for outcomes reported in systematic reviews.

Morton RL, Schlackow I, Mihaylova B, Staplin ND, Gray A, Cass A. [The impact of social disadvantage in moderate-to-severe chronic kidney disease: an equity-focused systematic review](#). *Nephrol Dial Transplant*. 2015 Jan 5. [Epub ahead of print]

For more information: <http://www.herc.ox.ac.uk/research/childhealthinequalities>

Originally published in *HERCnews*, February 2015 (<http://www.herc.ox.ac.uk/about/newsletters>)

Ethics and Equity in Research Priority-Setting

At the Cochrane Colloquium in Hyderabad, India the Cochrane Agenda and Priority Setting Methods Group (CAPSMG) held a workshop "Research priority setting exercises: how to reach and address needs of disadvantaged groups". The objectives of the workshop were to discuss the best approaches to engage with stakeholders as well as ensuring the needs of disadvantaged groups are addressed. It also held a Special Session on "Setting research agendas: balancing public health and patient level priorities" to build a consensus on the issue.

Research priority setting exercises for Cochrane groups help to identify the most pressing questions that are likely to positively impact public health and patient care and need to be addressed by up-to-date systematic reviews. CAPSMG developed a conceptual framework to guide future priority setting exercises.

Workshop participants listened to a series of presentations and discussed public health scenarios in small groups. Both the presentations and small group discussions were used to develop recommendations for future priority-setting exercises including how to engage with stakeholder representing disadvantaged groups.

Read the full report:

Bhaumik S, Rana S, Karimkhani C, Welch V, Armstrong R, et al. [Ethics and equity in research priority-setting: stakeholder engagement and the needs of disadvantaged groups](#). *Indian Journal of Medical Ethics*. March 16, 2015

Dr. Cara Tannenbaum appointed Scientific Director of CIHR Institute of Gender and Health

Dr. Cara Tannenbaum was appointed Scientific Director of the Canadian Institutes of Health Research (CIHR) Institute of Gender and Health commencing January 2015. Dr. Tannenbaum is a Professor of Medicine and Pharmacy at the Université de Montréal where she has held the Michel Saucier Endowed Chair in Geriatric Pharmacology, Health and Aging since 2008. Among her many accomplishments, Dr. Tannenbaum has been nationally and internationally recognized for her outstanding achievements in

geriatric, women's health and gender research. She received the May Cohen Gender Equity Award for her efforts to improve the gender equity environment in academic medicine in Canada, the CIHR Betty Haven's Knowledge Transfer Prize, and additional research awards from the North American Menopause Society, the American Geriatrics Society, and the International Continence Society. She is currently leading a clinical trial to improve healthy life expectancy for women across Canada, the UK and France. Through her research activities, she aims to reduce the stigma associated with incontinence issues, cognitive impairment, mental health and inappropriate prescribing for senior men and women. Dr. Tannenbaum obtained her medical degree and received specialty training in geriatric medicine, epidemiology and older women's health at McGill University.

In the position of Scientific Director of CIHR's Institute of Gender and Health, Dr. Tannenbaum will work with the Canadian gender, sex and health research community and stakeholders to identify research priorities, develop research funding opportunities, build partnerships and translate research evidence to improve the health of Canadians. Finally, as a member of CIHR's leadership team, she will participate in setting and implementing CIHR's strategic directions.

[Learn more](#) about Dr. Tannenbaum

To receive updates from the CIHR Institute of Gender and Health directly to your inbox, [subscribe](#) to IGH eNews – your monthly source for the latest news on sex, gender and health research in Canada.

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Including Migrants in Ontario Health Equity Impact Assessment

Ontario has the most culturally diverse population in Canada; each year Ontario welcomes over 100,000 newcomers—nearly half of all Canada's immigrants. Upon arrival, many immigrants face barriers to local health and social services, and a decline in health status occurs for certain immigrant groups, for example, refugees, low income immigrants, immigrant with limited official language proficiency, isolated women and men without employment. Social determinants of health play an important role in the long-term health of migrants. Despite migrants having unique needs, a recent systematic scoping review, Benkhalti Jandu et al., 2014, found that only 40/688 Health Impact Assessment (HIA) mentioned immigrants, while only 2/688 considered immigrants in recommendations. Integrating immigrants into HEIA means assessing relevant immigrant populations such as refugees, refugee claimants, and undocumented migrants, while also consulting and collaborating with immigrant communities.

The Ontario Ministry of Health and Long-Term Care (MOHLTC) has developed a Health Equity Impact Assessment (HEIA) Tool to support improved health equity, the reduction of avoidable health disparities between population groups, and better targeting of health care investments. The HEIA decision support tool guides users through the steps of identifying how a newly forming program, policy, project or initiative will directly or indirectly impact population groups in different ways. The end goal is to maximize positive impacts while reducing and adjusting for negative impacts and potential unintended consequences, therefore, providing a more equitable delivery of the program, policy, project or initiative. This tool will also have a supporting Immigrant Populations in Ontario Resource (currently in development). This Immigrant Resource is intended for use by organizations across the Ontario health

care system that would benefit from considering the needs of their immigrant populations, such as Local Health Integrated Networks, Public Health Units and health service providers. Organizations outside the direct health care system, such as Local Immigrant Partnerships (LIPs), whose work has an impact on immigrant's health outcomes, can equally benefit and play a key role in the HEIA process. LIPs are a valuable and key networking connection between the HEIA tool and the HEIA users. LIPs can bring about a new form of collaboration at the community-level related to newcomer settlement and integration. This is an exciting time for Ontario, and health service providers, to participate in the HEIA process, take part in the improvement of the Immigrant Resource, and become a leader in equity development.

Contact Information:

[Ayesha Ratnayake](#), MPH Research Assistant
Kevin Pottie MD MCISc Migrant Subgroup, Campbell and Cochrane Equity Method Group
Bruyere Research Institute

Effect of rapid HIV testing on HIV incidence and services in populations at high risk for HIV exposure: an equity-focused systematic review

Applying the equity lens and using the PRISMA-equity checklist, this paper assessed the effects of rapid voluntary counselling and testing (VCT) for HIV on the uptake of testing and other HIV/AIDS services for persons at high risk for disease exposure. Our study was designed as a systematic review and meta-analysis including both randomized trial and non-randomized studies from a variety of settings and geographical areas.

We included eight randomized trials and five observational studies in our analysis. Meta-analysis of the RCT's showed that rapid VCT was associated with a large increase in the uptake of HIV testing and receipt of results however these studies did not report on antiretroviral treatment. Results from observational studies showed similar increased acceptance of HIV testing regardless of age, sex or income differences. Furthermore, the analysis also showed significant heterogeneity likely due to variations in settings and implementation.

Finally, we conclude that despite the observed heterogeneity, the use of rapid VCT as an approach to HIV testing is a useful option to improve and increase the uptake of persons at high risk for exposure into care and treatment services capable of improving the equity considerations that attend the disease.

Full report available at: Pottie K, Medu O, Welch V, Dahal G P, Tyndall M, Rader T, Wells G. [Effect of rapid HIV testing on HIV incidence and services in populations at high risk for HIV exposure: an equity-focused systematic review](#). *BMJ Open* 2014; 4: e006859 doi:10.1136.

Update from the Sex/Gender Methods Group

In 2014, the Sex/Gender Methods Group developed knowledge translation briefing notes that provide systematic review authors with information and guidance on sex and gender analysis. Three briefing notes were developed with specific guidance for the HIV/AIDS, Hypertension, and Musculoskeletal

Review Groups. Each briefing note provides general guidance on why to include sex/gender in systematic reviews; definitions for sex, gender, and sex/gender analysis; why does sex/gender matter in systematic reviews; and a table with guidance for how to include sex/gender in each section of a systematic review. These briefing notes are available on the [Sex/Gender Methods Group's webpage](#).

A [paper describing the development and evaluation](#) of these briefing notes was published in PLoS One.

Sex/Gender Methods Group webpage: <http://equity.cochrane.org/sex-and-gender-analysis>

Doull M, Welch V, Puil L, Runnels V, Coen SE, Shea B, O'Neill J, Borkhoff C, Tudiver S, Boscoe M. [Development and evaluation of 'briefing notes' as a novel knowledge translation tool to aid the implementation of sex/gender analysis in systematic reviews: a pilot study](#). PLoS One. 2014. DOI: 10.1371/journal.pone.0110786



Update from the Campbell Collaboration International Development Coordinating Group

New IDCG reviews published in the Campbell Library:

- [Effects of Decentralized Forest Management \(DFM\) on Deforestation and Poverty in Low and Middle Income Countries: A Systematic Review](#)
- [Effects of Payment for Environmental Services \(PES\) on Deforestation and Poverty in Low and Middle Income Countries: A Systematic Review](#)

New IDCG protocols published in the Campbell Library:

- [Family and Community Interventions Under IMCI Strategy for Reduction of Neonatal and Under-fives Mortality Among Children in Low- and Middle-income Countries: A Systematic Review](#)
- [Effectiveness of Communication Strategies Embedded in Social and Marketing Programmes on Health Behaviours and Related Health and Welfare Outcomes in LMICs](#)
- [The Effectiveness and Efficiency of Cash-based Approaches in Emergencies: A Systematic Review](#)
- [Interventions to improve labour market outcomes of youth: a systematic review of training, entrepreneurship promotion, employment services, mentoring, and subsidized employment interventions](#)
- [The Effect of Microcredit on Women's Control over Household Spending in Developing Countries: A Systematic Review](#)

More information on these and other IDCG registered reviews can be found in the [Campbell Library](#).



Evidence Gap Maps

3ie's new Evidence Gap Map (EGM) platform enables users and producers of research evidence to explore the findings and quality of impact evaluations and systematic reviews in a particular sector. The interactive online tool provides a visual overview of the available evidence, allowing users to make informed decisions and inviting researchers to respond to gaps in the evidence base. For more information, see the [3ie blog post on EGMs](#).

The Evidence Gap Map is already available and ready for use [online](#).

Originally posted in IDCG News, February 2015

GRADE-Equity

The Equity Methods Group, led by Vivian Welch and Kevin Pottie with Elie Akl (American University of Beirut) and Javier Eslava-Schmalbach (National University of Colombia) are collaborating with the GRADE Working Group to develop guidance on incorporating equity in guideline development. At the Cochrane Colloquium in Hyderabad, an open meeting to discuss a paper series on how to consider health equity in development of guidelines using GRADE and invite contributors. This was followed up with an equity session at the GRADE Working Group meeting in March 2015.

A series of 4 papers are in development will summarize existing methods and tools to consider health equity at each of the steps of the guideline development process with examples of good practice. The 4 papers will cover: the guideline development process, evidence assessment, developing recommendations, and guideline implementation.

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Upcoming Conferences

Cochrane Canada Symposium

Calgary, Alberta: May 21-22, 2015

Reaching New Heights, Measuring Success



23rd Cochrane Colloquium

Vienna, Austria: October 3-7, 2015

The theme of the Colloquium is *Filtering the information overload for better decisions.*



Canadian Conference on Global Health 2015

Montreal, Quebec: November 5-7, 2015

Capacity Building for Global Health: Research & Practice

Upcoming Equity Events

- KT Canada Seminar Series - May 14, 2015: 12:00-1:00pm ET (Ottawa)
Janet Jull will present "Health Decision Making with Aboriginal Women: A qualitative study exploring needs, supports and barriers"
The KT Canada Series seminars are available via live videocast at participating sites, as well as live/archived webcasts. Webcasts can be found at <http://webcast.otn.ca/> by using the search term knowledge translation.
- Cochrane Canada Symposium - May 21-22, 2015 (Calgary)
The Equity Methods Group will give an oral presentation titled "*Interactive social media interventions to promote health equity: An overview of reviews*" on Thursday May 21 at 1:30pm.

Janet Jull will present "Identification and Protection of Populations at Risk for Vulnerability in Cluster Randomized Trials" on Friday, May 22 at 1:30pm.

- Cochrane Colloquium - October 3-7, 2015 (Vienna)
We will run a workshop on "*Guidance for conducting and reporting equity related systematic reviews*" (Time and date TBD)

Equity News Briefs

- Janet Jull has joined the Equity Methods Group as a post-doctoral fellow working with Vivian Welch and the team on the development of reporting guidelines for RCTs with a focus on health equity (CONSORT Equity)



Janet Jull, PhD, MSc, OT

- Janet Jull gave a presentation entitled "Health equity in Cluster Randomized Control Trials" at the Ottawa Hospital Research Institute's CEP Debates on Wednesday, April 22nd. Contact [Janet](#) for details.
- Our Co-Convenor, Dr. Vivian Welch, received an Ontario Ministry of Research and Innovation Early Researcher Award!



November 19, 2014 (L to R): Dr. Jacques Bradwejn (Dean of Medicine, University of Ottawa), Dr. Vivian Welch, and Dr. George Wells

- Our coordinator, Jennifer Petkovic, received a CIHR Doctoral Research Award for work related to Evidence for Equity (E4E), a special collection of summaries of Cochrane Systematic Reviews
- The Equity Methods Group has been meeting on a biweekly basis with members of the other Cochrane groups based in Ottawa to share ongoing activities, discuss conferences, and brainstorm issues. Check out the group's presentation at the Canadian Cochrane Symposium in

Calgary (Al Mayhew presenting).



December 17, 2014 (L to R): Julia Worswick, Tamara Rader, Eileen Vilis, Lisa McGovern, Al Mayhew, Jordi Pardo Pardo, Alicia Marshall, Sharlini Yogasingam, Jennifer Petkovic, Elizabeth Ghogomu, Chris McCutcheon

- We support the global initiative Healthcare Information For All. We believe that every person and every health worker should have access to the healthcare information they need to protect their own health and the health of those for whom they are responsible. <http://www.hifa.org>
- We need your help! We are looking for examples of (1) burden of inequality that faces seniors/older adults based on the PROGRESS Plus factors (Place of residence, Race/ethnicity/culture/language, Occupation, Gender/sex, Religion, Education, Socioeconomic status, Social Capital) and (2) an intervention that has been proven to reduce the burden. We are also interested in additional factors of relevance for describing disadvantage among older adults including: low literacy, immigrant and refugees, elder abuse, social frailty, physical frailty, and mental health issues or dementia. If you have any examples to share please contact jennifer.petkovic@uottawa.ca.



The Equity Methods Group is tweeting: follow [@CochraneEquity](https://twitter.com/CochraneEquity)

New publications

Augustincic Polec L, Petkovic J, Welch V, Ueffing E, Tanjong Ghogomu E, Pardo Pardo J, Grabowsky M, Attaran A, Wells GA, Tugwell P. [Strategies to increase the ownership and use of insecticide-treated bednets to prevent malaria](#). Cochrane Database of Systematic Reviews 2015, Issue 3. Art. No.: CD009186. DOI: 10.1002/14651858.CD009186.pub2.

Benkhalti Jandu M, Canuto de Medeiros B, Bourgeault I, Tugwell P. [The inclusion of migrants in health impact assessments: A scoping review](#). Environmental Impact Assessment Review. 2015;50:16-24.

Bhaumik S, Rana S, Karimkhani C, Welch V, Armstrong R, Pottie K, Dellavalle R, Dhakal P, Oliver S, Francis DK, Nasser M, Crowe S, Aksut B, D'Amico R. [Ethics and equity in research priority-setting: stakeholder engagement and the needs of disadvantaged groups](#). Indian Journal of Medical Ethics. March 16, 2015

Doull M, Welch V, Puil L, Runnels V, Coen SE, Shea B, O'Neill J, Borkhoff C, Tudiver S, Boscoe M. [Development and evaluation of 'briefing notes' as a novel knowledge translation tool to aid the implementation of sex/gender analysis in systematic reviews: a pilot study](#). PLOS One. 2014. DOI: 10.1371/journal.pone.0110786

Katikireddi SV, Egan M, Petticrew M. [How do systematic reviews incorporate risk of bias assessments into the synthesis of evidence? A methodological study](#). J Epidemiol Community Health. 2014 Dec 6. pii: jech-2014-204711. doi: 10.1136/jech-2014-204711

Kristjansson E, Francis DK, Liberato S, Benkhalti Jandu M, Welch V, Batal M, Greenhalgh T, Rader T, Noonan E, Shea B, Janzen L, Wells GA, Petticrew M. [Food supplementation for improving the physical and psychosocial health of socio-economically disadvantaged children aged three months to five years](#). Cochrane Database of Systematic Reviews 2015, Issue 3. Art. No.: CD009924. DOI: 10.1002/14651858.CD009924.pub2.

Moher D, Shamseer L, Clarke M, Ghersi D, Liberati A, Petticrew M, Shekelle P, Stewart LA. [Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols \(PRISMA-P\) 2015 statement](#). Systematic Reviews. 2015 Jan 1;4(1):1.

Petticrew M, Anderson L, Elder R, Grimshaw J, Hopkins D, Hahn R, Krause L, Kristjansson E, Mercer S, Sipe T, Tugwell P, Ueffing E, Waters E, Welch V. [Complex interventions and their implication for systematic reviews: a pragmatic approach](#). Int J Nurs Stud. 2015;Jan9.

Ramke J, Welch V, Blignault I, Gilbert C, Petkovic J, Blanchet K, Christensen R, Zwi AB, Tugwell P. [Interventions to improve access to cataract surgical services and their impact on equity in low- and middle-income countries \(Protocol\)](#). Cochrane Database of Systematic Reviews 2014, Issue 9. Art. No.: CD011307. DOI: 10.1002/14651858.CD011307.

Shamseer L, Moher D, Clarke M, Ghersi D, Liberati A, Petticrew M, Shekelle P, Stewart LA, the PRISMA-P Group. [Preferred reporting items for systematic review and meta-analysis protocols \(PRISMA-P\) 2015:elaboration and explanation](#). BMJ. 2015. 2;349:g7647. doi: 10.1136/bmj.g7647

Shi C, Tian J, Wang Q, Petkovic J, Ren D, Yang K, Yang Y. [How equity is addressed in clinical practice guidelines: A content analysis](#). BMJ Open. 2014; 4:e005660. DOI: 10.1136/bmjopen-2014-005660.

Toupin-April K, Barton J, Fraenkel L, Li L, Grandpierre V, Guillemin F, Rader T, Stacey D, Legare F, Jull J, Petkovic J, Scholte-Voshaar M, Welch V, Lyddiatt A, Hofstetter C, De Wit M, Marche L, Meade T, Christensen R, Gaujoux-Viala C, Suarez-Almazor M, Boonen A, Pohl C, Martin R, Tugwell PS. [Development of a Draft Core Set of Domains for Measuring Shared Decision Making in Osteoarthritis: An OMERACT Working Group on Shared Decision Making](#). Journal of Rheumatology. 2015 April 15. [Epub ahead of print].

Equity Support Services

Are you doing a review that considers equity? Does your review include disadvantaged populations? The Equity Methods Group is keen to help! We are happy to provide peer review,

suggest Review Advisory Group members, give methodological support, and provide other assistance upon request. Please contact Jennifer Petkovic (jennifer.petkovic@uottawa.ca) to discuss your needs.

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Please contact us if you would like information about our activities, to join our listserv, or to become involved in our projects. We welcome your participation!

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