

## Session 2: Equity in evidence synthesis

# Centering Racial Health Equity in Systematic Reviews



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# Centering Racial Health Equity in Systematic Reviews

**Cochrane Methods Symposium**

Sept 3, 2023

Meera Viswanathan on behalf of the team

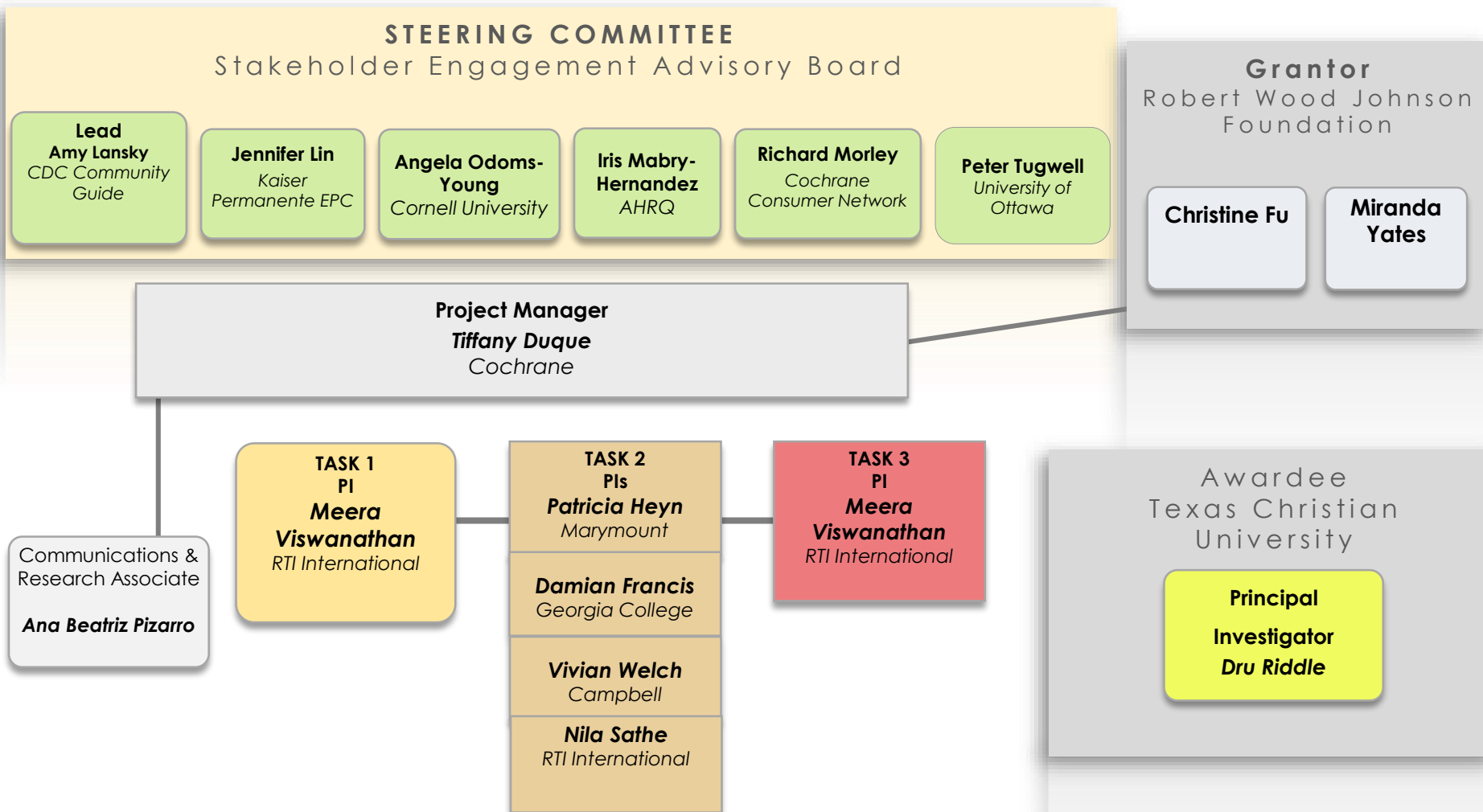
Trusted evidence.  
Informed decisions.  
Better health.



## Genesis of the Project

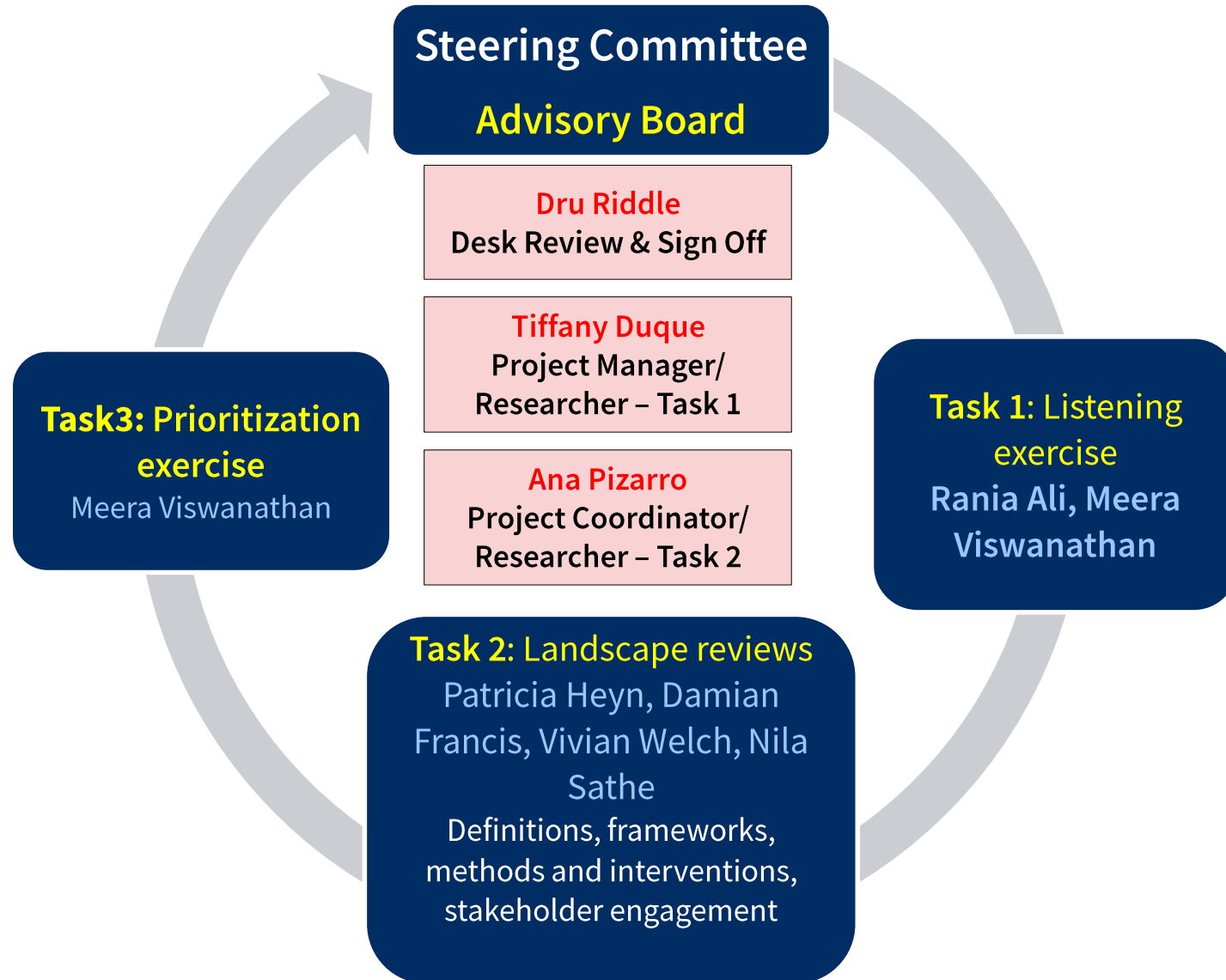
- Key ingredients
  - A moment of reflection
  - An unfunded Cochrane network
  - A funding opportunity
- Motivating question:
  - What is needed to center racial health equity in systematic reviews?

# Centering racial health equity in systematic reviews



# Listening Exercises, Landscape Analyses, & Prioritization Exercises

Are you interested in  
helping us prioritize?  
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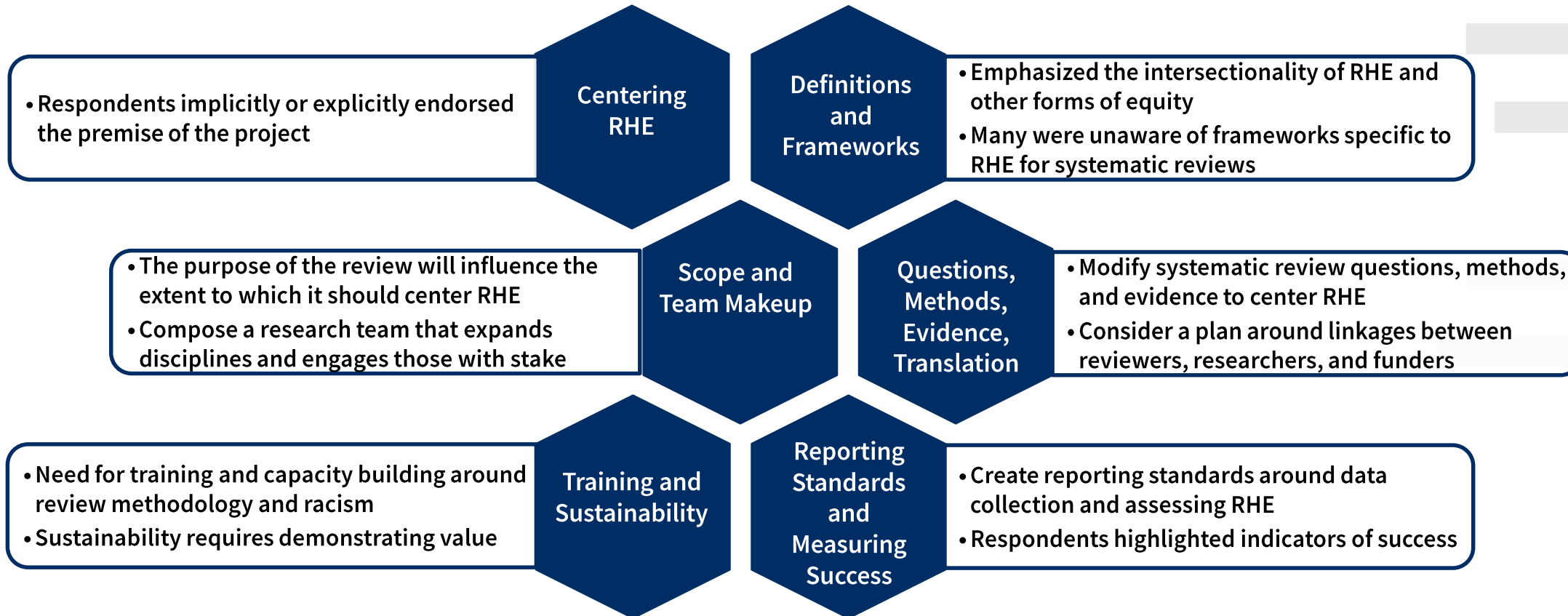


# Listening Exercises

- Completed 28 interviews with 29 participants
- Participants included patients, systematic reviewers, guideline developers, policymakers or health administrators, and funders
- Participants weighed in on considerations to center racial health equity in systematic reviews, such as:
  - Definitions and frameworks
  - Team structure and inclusion of patients
  - Questions, evidence, and methods
  - Implementation, dissemination, or translation
  - Measuring success
- Thematic analyses completed



# Key Themes Identified from Stakeholder Interviews



## Abbreviations

RHE: racial health equity, SR: systematic review

## Racial Health Equity terminologies and definitions

- **Aim 1: Racial Health Equity Definitions Landscape Review in Reputable (highly visited) Health Websites**
  - **Preliminary findings**
    - 73 public health organization websites were identified and 29 were reviewed for RHE definitions. Only 5 had definitions for RHE and related terms and only 1 included a citation supporting the definition
    - From the 5 websites with definitions, two presented the same definition
    - 68% of websites were hard or very hard to find information related to RHE definitions
- **Aim 2: Proposed Racial Health Equity Definitions from the Conceptual and Theoretical Literature**
- **Preliminary findings**
  - 17 definitions of racial health equity terms found within original/theoretical articles
  - Inconsistent but overlapping themes.
  - Most common themes: racism (n= 10 definitions), social determinants of health (n= 10 definitions)
  - No overlap across cited works, except the “2002 Unequal Treatment” report (cited by n= 5



# Landscape Review 1 (continued)

## Racial Health Equity terminologies and definitions

- **Aim 3: Racial Health Equity Definitions from Review of Evidence Synthesis Products**
- **Preliminary findings**
  - 157 evidence synthesis products addressed racial health equity
  - 4 studies (3%) reported definitions related to RHE
  - 1 definition for “racial health disparities”
  - 3 definitions for “racial health inequities” (one study defined both terms)
  - Other definitions: “race”(1), “racialized” (1), “ethnicity” (1), “health in others
  - Prominent themes are racism and social determinants of health
- **Aim 4: Landscape review and overall compilation**
  - Compare definitions and frameworks obtained under Aims 1-3 starting in Fall 2023

## The use of logic models/frameworks to address stakeholder engagement and methodological conduct in racial health equity reviews

### Key questions:

1. What available logic models or framework exist for stakeholder engagement and methods in systematic reviews addressing racial health inequities?
2. How can logic models be used to guide the methodological conduct of systematic reviews and stakeholder engagement addressing racial health inequities?

### Preliminary results:

- 157 evidence synthesis products addressed racial health equity
  - Only 3 (2%) explicitly reported a logic model that addresses racial health equity; of these only one addressed social determinants of health
- 29 evidence synthesis products address racial health equity and engaged stakeholders
  - None included a logic model/framework for stakeholder engagement
- 6 frameworks exist on racial health equity
  - Only 1 addressed varied constructs such as stakeholder identification, recruitment, stakeholder dynamics (at any level), and stakeholder engagement/integration in evidence synthesis or research process

## Review of methods and interventions in systematic reviews that include racial health equity

### Key questions:

1. What methods are used to evaluate effects on racial health inequities in systematic reviews of effectiveness?
2. What types of interventions on mitigating racial health inequities have been studied in systematic reviews?

### Preliminary results:

- Majority of interventions studied in systematic reviews are focused on tailoring how care is delivered such as cultural adaptations (80%, 126/157) rather than assessing how or which interventions could reduce structural and systemic barriers to health (11%, 17/157)
- 58% (91/157) described findings of studies with text and tables rather than using meta-analysis
- Reviews rarely assessed intersections with other social determinants such as income, gender and education (5%, 8/157)
- Review authors rarely (4%, 6/157) reported involving people with lived experience of racism in the conduct of the review

# Landscape Review 4

## Stakeholder Engagement

### Key questions

1. Do evidence syntheses that assess health-related intervention effects and explicitly address racial health inequities engage stakeholders? If so, how?
2. To what extent do evidence synthesis methods documents offer guidance for engaging with diverse stakeholders to address racial health inequities?

### Preliminary Results

- >7,000 citations identified; 157 address interventions to improve racial health equity, 18% (N=29) reported engaging stakeholders
- Generally poor reporting on why, how, when, what resources are needed, and what outcomes arose from stakeholder engagement
  - Why: Most commonly because engagement is part of underlying methodology for researchers (69%, 11/16), for advancing health (100%, 6/6) for stakeholders
  - How: Most commonly closed (89%, 8/9) and virtual (64%, 9/14)
  - When: Most at the beginning and end (72%, 18/25), rather than during active conduct of the review (44%, 11/25)
  - What resources needed: Most commonly reported training (100%, 3/3)
  - Outcomes reported: Most commonly reported change in focus (40%, 2/5)
- No methods documents explicitly address engaging diverse stakeholders in evidence syntheses

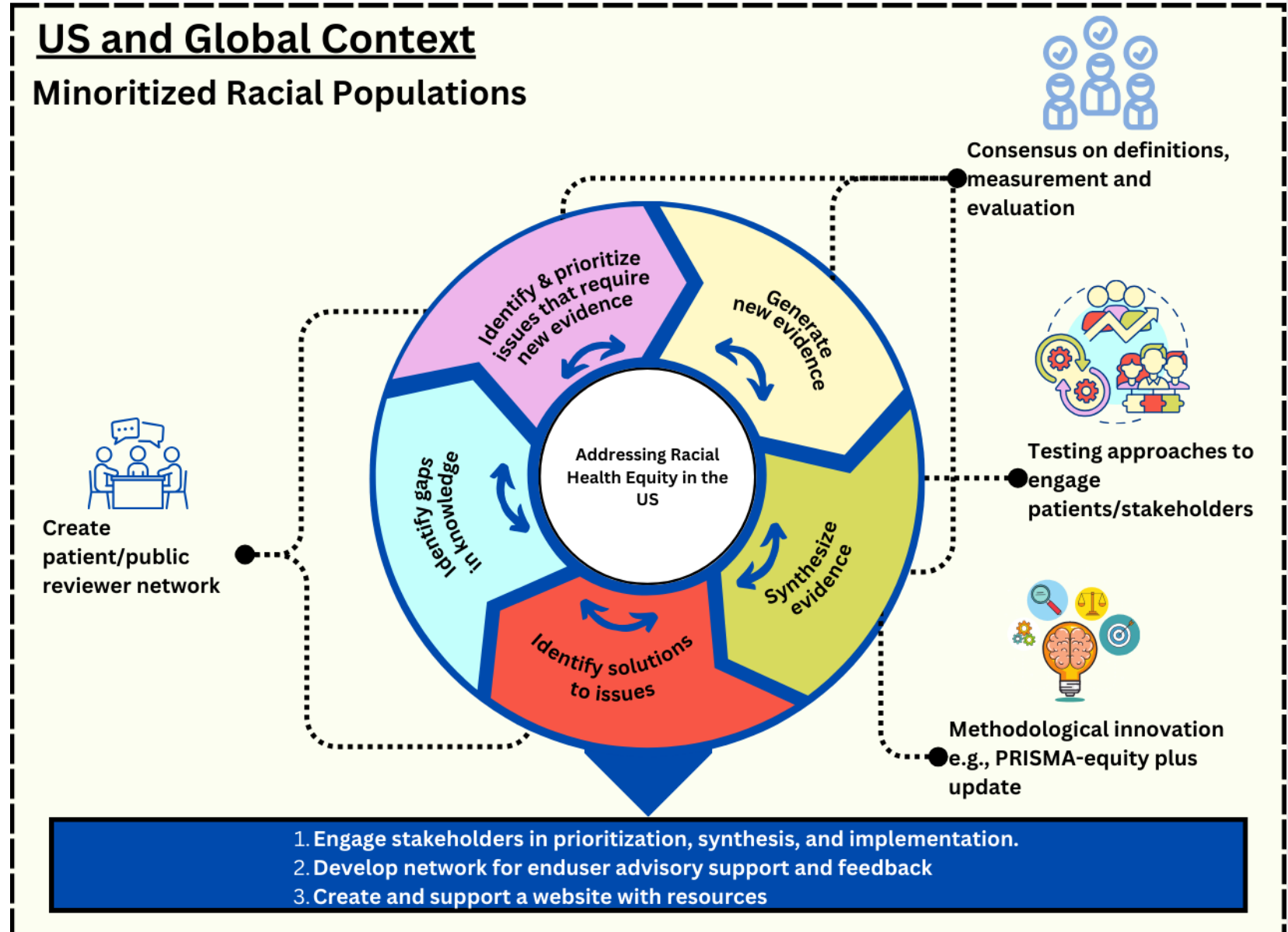
# Prioritization Exercise

- Generate a list of next steps from listening exercises and landscape reviews
- Obtain input on priorities from diverse participants including patients, systematic reviewers, guideline developers, policymakers or health administrators, and funders
- Generate prioritized list of next steps



# Next Steps

- Ongoing interest from Robert Wood Johnson Foundation for future work
- The Agency for Healthcare Research and Quality and the United States Preventive Services Taskforce asked us to crosswalk recommendations from the current work to their portfolio and methods to identify priority areas for new work



# Questions?

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