Session 2: Equity in evidence synthesis

The role of methodological research in promoting equity, diversity, and inclusion considerations

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The role of methodological research in promoting equity, diversity, and inclusion considerations

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Trusted evidence.
Informed decisions.
Better health.
Declaration of interests

Funding from the Canadian Institutes of Health Research, World Health Organization, Robert Wood Johnson Foundation, AGEWELL, Public Health Agency of Canada

Co-convenor of Cochrane and Campbell Equity Thematic Group

Editor in chief of the Campbell Collaboration

No other conflicts to declare
Overview

1. Cochrane and Campbell equity thematic group
2. Defining EDI in research
3. What to analyse
4. How to incorporate EDI
5. Next steps
Campbell and Cochrane Equity Methods Group

- Established 2001 jointly with the Campbell Collaboration
- Rationale: Health equity is a moral and ethical imperative for clinicians, researchers, policymakers, and all who use health research.
- 837 members on mailing list

Methods research:
- Sex, gender and equity analysis in trials, reviews, guidelines and observational studies

Tools
- Handbook Chapter - Chapter 16: Equity and specific populations
- Online Cochrane Training: Module 11: Health equity in systematic reviews
Transition to Equity Thematic Group Approved in November 2022

The new Equity Thematic Group will continue and expand this work by designing a program of projects around the following 5 goals:

1. Promote equity in the health evidence base.
2. Ensure equitable processes for stakeholder engagement.
3. Produce high-priority, equity-focused evidence syntheses.
4. Build capacity for equity design, analysis, and reporting.
5. Promote equity in implementation tools.
Cochrane Thematic Group – Health Equity

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1. Cochrane and Campbell equity thematic group
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Definitions

1. Equity: means that everyone has opportunity
2. Diversity: is everyone invited to participate
3. Inclusion: means that everyone gets to contribute meaningfully
Not just income: PROGRESS

- **Place of residence**
- **Race/ethnicity/culture/language**
- **Occupation**
- **Gender and sex**
- **Religion**
- **Education**
- **Socioeconomic status**
- **Social capital**

1. **Personal characteristics** associated with discrimination and/or exclusion (e.g. age, disability, sexual orientation);

2. **Features of relationships** (e.g. smoking parents, excluded from school);

3. **Time-dependant relationships** (e.g. leaving the hospital, respite care, other instances where a person may be temporarily at a disadvantage).

Oliver S, Dickson K, Newman M. 2012.
What is health equity?

Equality: The assumption is that everyone benefits from the same supports. This is equal treatment.

Equity: Everyone gets the supports they need (this is the concept of “affirmative action”), thus producing equity.

Justice: All 3 can see the game without supports or accommodations because the cause(s) of the inequity was addressed. The systemic barrier has been removed.

How can it be equal if...

It is not the same?

Figure: Graphic artist: Jessica Leigh Plummer, STROBE-Equity Indigenous stream meeting
1. Cochrane and Campbell equity thematic group
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Equity effectiveness loop, Tugwell 2006

1. Burden of illness and aetiology
   Determine health status by socioeconomic status.
   Measure health gap
   Causes of health gap
   Step 6: Reassessment

2. Equity effectiveness
   Efficacy modified by access/coverage x diagnostic accuracy
   x provider and patient adherence
   by socioeconomic status

3. Economic evaluation
   Determine relationships between costs and effects of options by socioeconomic status

4. Knowledge translation and implementation
   Integration of feasibility, impact, and efficiency to make decisions using targeted packaging and communication by socioeconomic status

5. Monitoring of programme
   Ongoing monitoring of process indicators to gauge implementation progress by socioeconomic status

Equity reporting guidelines, Welch 2012

PRISMA-Equity 2012, CONSORT Equity 2017, STROBE Equity 2024

Percent reviews reporting in 2012

- Place
- Race/ethnicity
- Occupation
- Gender or sex
- Religion
- Education
- Socioeconomic status
- Social capital
- LMIC
- Disability
- Age
Equity and patient engagement in HTA, Simeon et al

Simeon R, University of Ottawa thesis, 2023
Equity in guidelines, Dewidar 2023

Dewidar O et al. Operationalizing the GRADE-Equity criterion to inform guideline recommendations: Application to a Medical Cannabis guideline. Submitted to Journal of Clinical Epidemiology.
### PRO-EDI: Establishing standards for describing equity in reviews, Treweek, Brune et al

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Inclusive trial design, Mbuagbaw 2017

Canadian Collaboration for Immigrant and Refugee Health: Power of Sharing Newcomer Stories Program, Pottie 2023

Discover research from the Nature Awards for Inclusive Health Research
45 centers from 26 low and middle-income countries (LMICs), and they were coordinated by the GESI Secretariat.

(Online and face to face capacity strengthening, meetings at conferences, joint grant applications, enhancement of regional and national coordination)
Equity in stakeholder engagement, Viswanathan 2023, Magwood ...2024

Sathe et al 2022: https://osf.io/79qvh
Inclusive logic models, Francis et al

Supplementary feeding programmes for improving the health of disadvantaged infants and children

**Implementation Process**

- **Substitution** (physical, health, social, economic)
- **Child dietary intake** (nutrition, education, social)
- **Stimulation** (e.g., regular sessions, education)

**Context**

- **Socioeconomic status**
- **Child-specific**
  - Health
  - Nutrition
  - Education
- **Community**
  - Health
  - Nutrition
  - Education

**Outcome**

- **Physical health**
- **Psychosocial Health**
- **Child development** (growth & cognition)

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Please join us!
Thank you!

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