

Methodological Guidance for Incorporating Equity in Rapid Reviews in the context of COVID-19

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ABSTRACT

Objective: We provide guidance for considering equity in rapid reviews while providing examples of published COVID-19 rapid reviews.

Study design and setting: Our guidance was developed using an iterative approach while reviewing internationally renowned guidance such as the Preferred Reporting Items for Systematic Reviews and Meta-Analysis for equity-focused systematic reviews (PRISMA-Equity) guideline and the Cochrane Handbook. Exemplar rapid reviews were identified by searching COVID-19 databases and requesting examples from our team.

Results: We propose the following steps: 1. involving relevant stakeholders with lived experience in the conduct and design of the review; 2. reflecting on equity in team values and composition; 3. identifying population(s) experiencing inequities; 4. conducting searches in relevant disciplinary databases; 5. Collecting data and critically appraising recruitment, retention and attrition for populations experiencing inequities; 6. analysing evidence on equity; 7. evaluating the applicability of findings to populations experiencing inequities; and 8. adhering to reporting guidelines for communicating review findings. We provide examples of these methods applied in rapid reviews.

Conclusion: Implementing this guidance could contribute to improving equity considerations in rapid reviews produced in public health emergencies, and help policymakers better understand the distributional impact of diseases on the population.

Key findings

We provide guidance for incorporating equity in rapid reviews and illustrated their feasibility by providing examples of published rapid reviews considering equity in different stages of their development.

What this adds to what was known?

The dependence on rapid reviews for informing policy related to COVID-19 has highlighted gaps in research methods, including the consideration of health equity in rapid reviews. We provide a stepwise approach that has been shown to be implemented successfully in COVID-19 rapid reviews.

What is the implication and what should change now?

We propose that equity be considered at the forefront of rapid reviews, starting from team values and composition. Testing the feasibility and value of this guidance is needed to show how it can be applied to incorporate equity in the design and conduct of rapid reviews in a timely manner.

1. INTRODUCTION

Many public health and policy responses to mitigate the spread of the Coronavirus (COVID-19) in 2020 and 2021 have contributed to controlling the transmission of COVID-19 and the burden it places on nations' health systems. However, some of these interventions may have exacerbated pre-existing health inequities⁶⁻⁹. Low-wage workers and racialized communities have been disproportionately affected by the risk of infection as well as restrictions of non-essential work activities¹⁰. Children experiencing economic vulnerability and food insecurity were likely harmed by school closures¹¹. Women have been disproportionately impacted as comprising most front-line workers and responsible for caring for children and other family members compared with other genders¹². People experiencing disabilities have been heavily impacted by the reduced access to health services^{14,15}. Even with the distribution of the COVID-19 vaccine, many underserved and often racialized communities have been hesitant to engage with health systems, stemming from a long history of neglect and/or mistreatment in both health research and service delivery¹⁷. Considering health inequities when developing evidence in real time may mitigate the inequitable accrual of harms.

Methodological guidance for incorporating equity in interventional systematic reviews is available in abundance. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses – Equity extension (PRISMA-Equity) 2012 guidelines steer authors of systematic reviews to consider equity at all stages of the review¹⁹. Additionally, the Cochrane Handbook for Systematic Reviews of Interventions includes a detailed chapter for considering health equity in reviews²². Equity could be considered from question formulation and team composition, and incorporating an intersectionality lens²⁴ to review processes, such as defining populations experiencing inequities and identifying patient-important outcomes.

Given the rapidly changing conditions of the COVID-19 pandemic, the need for timely high-quality evidence has never been more apparent^{25,26}. Stakeholder and demand-driven rapid reviews considering health equity, which are less time- and resource- intensive than systematic reviews, fill this need²⁷. However, there are concerns about the time requirements for assessing equity and its impact on completing the review in a timely manner. Furthermore, there is no guidance on considering health equity in the rapid evidence synthesis process.

In this paper, we provide guidance for review authors conducting rapid reviews on how to incorporate equity within the review process and examples from published COVID-19 rapid reviews to demonstrate their feasibility to complete in short time frame.

2. METHODS

We convened an equity task force in the COVID-19 Evidence Network to support Decision-making (COVID-END) network to focus on equity issues facing covid-19 related synthesis²⁸. COVID-END is an extensive network of people and organisations from different backgrounds and countries (high, low-and middle-income) engaged in the production of world leading evidence synthesis, technology-assessment, and guidelines, intended for the use of global decision makers. This paper was developed through iterative meetings of the equity task force. It was then circulated to the broader network for feedback.

2.1 Reviewing existing guidance on incorporating health equity in research

We used the following resources on the consideration of equity in evidence synthesis to identify areas where equity can be incorporated in reviews: the Strategy for Patient-Oriented Research (SPOR) Evidence Alliance guidance on intersectionality reflective exercise, PRISMA-E guidelines, the equity chapter in the Cochrane Handbook and Sex and Gender Equity in Research (SAGER) guidelines^{19,22,29-32}. The intersectionality exercise provided by the SPOR Evidence Alliance explains the purpose of adopting an equity, diversity, and inclusion lens in research. The PRISMA-E guidelines recommend concepts that reviewer should consider and report when applying an equity lens in their review. The Cochrane Handbook equity chapter lists the steps required to incorporate equity into systematic reviews, namely: question development, identification of evidence, appraisal of evidence, evidence synthesis and interpretation of findings. Using the PRISMA-E items as a standard for transparent reporting, we then applied the steps required to incorporate equity into systematic reviews that are in the equity chapter in the Cochrane Handbook. As per the handbook, we used the PROGRESS-Plus framework which stands for Place of residence, Race or ethnicity, Occupation, Gender or sex, Religion, Education, Social capital, Socioeconomic status, personal characteristics that are associated with discrimination (e.g., age, disability), features of relationships (e.g., smoking parents, exclusion from school), and time-dependent relationships (e.g., leaving the hospital, respite care, other temporary instances when a person may experience inequities in treatment or service access or use) to identify populations experiencing inequities³³.

2.2 Involvement of stakeholders in the development of this guidance

We included highly experienced patient partners and researchers in rapid reviews from the COVID-END network in the design of this guidance. Contributors participated in weekly calls for the COVID-END Equity task group, which contributed to the development of the first draft of the guidance. Subsequently, we used an iterative approach to revise our guidance involving experts in evidence synthesis methodology, health equity experts and policymakers.

2.3 Examples of COVID-19 rapid reviews that incorporated equity

We purposefully selected examples of COVID-19 rapid reviews that considered populations experiencing inequities to give examples of applying the methods and verify that such methods were applied in rapid reviews. We also identified reviews focused on populations experiencing inequities to indicate how review questions can be developed with a focus on health equity. These reviews were identified by searching the National Collaborating Centre for Methods and Tools³⁴, COVID-END inventory³⁵, SPOR Evidence Alliance³⁶ and seeking suggestions from the team.

3. RESULTS

From our review of existing guidance, considering equity in rapid reviews requires attention at different stages of the review development. At a minimum, the authors should reflect on equity in the team composition and question formulation. If the authors decide that they do not have sufficient resources, priorities, resources, and nature of the question; reporting the setting and characteristics of the population, for example using the PROGRESS framework, may contribute greatly to improving evidence for equity.

Our team propose the following eight areas where equity can be incorporated in rapid reviews: 1) engaging relevant stakeholders in the conduct and design of the review, (2) reflecting on equity in team values and composition, (3) identifying population(s) experiencing inequities, (4) conducting searches in relevant disciplinary databases, (5) data collection and critically appraising recruitment, retention and attrition for populations experiencing inequities, (6) analysing evidence on equity, (7) evaluating the applicability of the findings to populations experiencing inequities or other settings (8) adhering to reporting guidelines for communicating review findings. An illustration of this guidance is shown in Figure 1 and examples from rapid reviews are provided in Table 1.

3.1 Involving relevant stakeholders in the conduct and design of the review

Having a focus on equity reflects a moral concern for diversity, inclusion, compassion, and justice and designing interventions to be cost-effective and address those with greatest capacity to benefit³⁷. Thus, the inclusion of those affected by inequities is paramount. We highlight key steps where stakeholders could contribute to equity considerations in the research team and review development process. A stakeholder is defined as an “individual or group who is responsible for or affected by health- and healthcare-related decision”, including members of the public³⁸. The selection of stakeholders generally depends on relevance to the question and diversity in team expertise balanced with access, resource and equity considerations³⁹.

Due to the expected quick turnaround time for reviews in the pandemic, best practices for engaging stakeholders such as defining the roles and responsibilities of stakeholders together with them and providing extensive research training - when they are not already experts in reviews production - may not be feasible. The rapidly evolving, unprecedented focus on producing research rapidly necessitated a new way of collaborating particularly with patients and the public. One example is the 10- hour rapid review course that was provided to 24 patient and public partners through the SPOR Evidence Alliance; this course was co-designed and co-delivered by two experienced patient partners⁴⁰.

Stakeholders could also critique the study question to ensure that it is policy and clinical practice relevant. Even though the questions are defined by the commissioner with little room for changes, the identified stakeholders could identify further questions for study and issues that could be addressed in the review. Stakeholders could also identify interdisciplinary libraries and grey literature sources, provide insights on participant characteristics or study design features that may be associated with outcomes related to equity, provide their perspectives on the relevancy of key findings, and participate in disseminating the evidence in an appropriate manner (e.g, plain language summaries).

3.2 Reflecting on equity in team values and composition

Equity considerations commence from the stage of team formation and equity values should be formulated as part of the team values and culture. To ensure that a supportive environment is provided within the research team, research team members should discuss participating in at least one of the potential Equity, Diversity and Inclusion (EDI) training activities such as the SPOR Evidence Alliance’s reflective EDI exercise³¹, San'yas indigenous cultural safety training⁴¹, Equity training provided by the National Equity Project⁴² and

Indigenous Canada by Coursera⁴³. Taking this training together as a team can build trust and foster a safe space for meaningful discussion. Furthermore, team members should consider completing training that improves team capacity building and effective stakeholder engagement⁴⁴.

Including people with lived experience relevant to the topic of review as part of the review team strengthens the review process by incorporating context-specific understanding, based on experience and tacit understanding of an issue⁴⁵. Doing so, requires that the research team understand and address how to support their effective and meaningful engagement with those stakeholders, while also building in supports and recognition for those contributing their experience-based expertise. For example, the research team could consider compensating stakeholders – especially patients and members of the public for their contributions⁴⁶⁻⁴⁸ and be mindful of increasing the patient stakeholders’ risk of stress when discussing their lived experience.

3.3 Identifying population(s) experiencing inequities

When equity is discussed at the stage of question formulation, the review authors could focus on a population experiencing inequities (the PROGRESS-Plus framework can aid in the identification process) or consider such populations as subgroups of interest⁴⁹⁻⁵¹. Box 1 provides examples of rapid reviews focused on populations experiencing inequities. The review authors should supplement these decisions with an *a priori* definition of how the intervention is expected to influence health equity for the identified populations. The inclusion criteria of studies could be restricted to a specific context to account for the applicability of the findings. For example, studies included in this review were restricted to those conducted in countries with welfare systems relevant to the Norwegian context⁵².

It is common for inequities to coexist across different dimensions and interact, causing multiplicative effects. This has been shown also for “simple” comorbidities for people experiencing disabilities, and they are frequently excluded already in primary studies⁵³. Glover et al has demonstrated that these intersecting inequities may result in more severe adverse effects caused by COVID-19 policies⁶. Review authors may therefore decide to investigate the effect of intersectionality on populations the experience of inequities.

Review authors should also choose the study designs according to their “fitness for purpose” to help reduce inequities and if possible, provide a rationale for their choice⁵⁴.

Box 1**Examples of COVID-19 rapid evidence synthesis questions focused on populations experiencing inequities across PROGRESS-Plus**

Place of residence: *How do rural communities and health systems prepare for and respond to pandemics or disease outbreaks?*¹

Race or ethnicity: *What is known about the impact of the COVID-19 pandemic on Indigenous communities in Canada?*²

Occupation: *What is known about health care worker intent to leave their occupation in the context of the COVID-19 pandemic?*³

Gender or sex: *What interventions and strategies can health systems use to sustain and improve health and wellbeing of women, children and adolescents during pandemics and epidemics?*⁴

Religion: *What is the excess burden of morbidity and mortality from COVID-19 experienced by members of the Muslim community?*⁵

Education: *Does education [among other factors] impact adherence to COVID-19 public health guidelines, including physical distancing, wearing face masks and hand hygiene?*¹³

Socioeconomic status: *What is known about the harms being experienced by community dwelling low-income populations from staying at home for long periods of time during current or past pandemics?*¹⁶

Social capital: *What is known about the impact of the pandemic on working families with children?*¹⁸

Disability: *Do infection prevention practices adults aged 60 and above living in long-term care with severe comorbidities or frailty differ as compared to those without severe comorbidities/frailty?*²⁰

Features of relationships: *What is the effectiveness of COVID-19 vaccines in adults living in long-term care facilities or congregate care for older adults?*²¹

Time-dependent relationships: *What is known about best practices for infection prevention and control in inpatient psychiatric facilities?*²³

3.4 Conducting searches in relevant disciplinary databases

Reviewers may need to consider searches in social and economic databases or other inter-disciplinary databases from low- and middle-income countries to identify relevant evidence for socio-economic impacts on different populations, depending on the objective of the review (interventions vs barriers vs strategies to implement the interventions...etc; these need different types of searches). Local databases and government websites could be

investigated as potential grey literature sources. Review authors should also ensure that search terms capturing equity-related content have been included within the search string. Authors should aim to adopt validated filters relevant to their topic when searching for studies that are equity relevant⁵⁵⁻⁵⁸. If there are no validated filters, authors should be mindful that equity filters could limit their searches and pose a risk of missing relevant evidence.

3.5 Data collection and critically appraising recruitment, retention and attrition for populations experiencing inequities

Rapid reviews with an equity lens need to plan the variables of interest for data collection and assess data on PROGRESS-Plus or other dimensions associated with inequities in the context of the question and problem being addressed. This step is necessary for evidence appraisal and analysis across dimensions of inequities.

The review authors should evaluate the nature of participant inclusion and exclusion criteria as it may influence the applicability of the results for populations experiencing inequities^{59,60}. Furthermore, the review authors should also assess if the chosen methodology and theories by the primary authors articulate possible pathways to addressing inequities^{61,62}.

The approach for appraisal of evidence depends on the type of evidence investigated. For quantitative evidence, the review authors should consider checking for baseline imbalance in important characteristics across PROGRESS-Plus factors (Specific criteria have been defined for populations experiencing disability). Reviewers should check for differential recruitment, retention and attrition across populations experiencing inequities as they are important factors that may affect the generalizability of the review findings.

When appraising qualitative evidence, the review authors should consider if the authors of the primary research designed the question to assess outcomes related to health equity (i.e. impact of intervention, acceptability) by evaluating if they included populations experiencing inequities.

3.6 Analysing evidence on equity

Additional synthesis methods may be needed to address questions related to equity or intersectionality. For example, non-equity focused reviews would require extraction of outcome data across previously identified populations and subgroup analyses could be conducted. Other methods such as moderator analysis, meta regression and sensitivity analysis may be more relevant, depending on the question and how the systematic review authors decide to consider equity at question conceptualization stage. All these analyses should be pre-planned, accompanied with a rationale linked to an analytical framework (i.e. logic model or causal chain)⁶³ and adhere to reporting standards to ensure their credibility⁶⁴⁻⁶⁶.

For qualitative evidence, consider sources of quoted utterances in the conducted analyses whether they are thematic analysis⁶⁷, discourse analysis⁶⁸ or content analysis. The ideas from different participants from various socio-economic, ethnic, educational, and many other backgrounds should be analysed. Nonetheless, these analyses should also be pre-planned and accompanied with theory-based rationales (e.g. with a logic model)⁶⁹.

3.7 Evaluating the applicability of the findings to populations experiencing inequities or other settings

Equity considerations should be discussed in relation to the findings and analyses in the review. The principles of interpretation include: (1) evaluating who was included in the studies and judging if they are representative of people with the condition in terms of country, setting and other dimensions of inequities (PROGRESS-Plus); (2) if there were any differences in recruitment, retention, effects found, what are the potential impacts on policy and practice. Cochrane reviews require the use of the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach to formally evaluate the quality of the overall body of evidence⁷⁰⁻⁷². GRADE quality of evidence includes assessment of directness to the population of interest, consistency in the across studies, imprecision of findings and risk of bias resulting from inherent design or conduct of studies and publication bias. This tool could be used to link the confidence of the findings to the population of interest. However, as a rule of thumb, certainty of evidence should not be rated down for indirectness unless there is compelling evidence for differences in effect due to variations across populations⁷³. GRADE-CERQual could be used for qualitative evidence to evaluate the confidence in the findings in relation to the population of interest.

3.8 Adhering to reporting guidelines for communicating review findings

Reporting guidelines are effective in improving the reporting of different study designs^{74,75}. The adoption of reporting guidelines such as the PRISMA-Equity¹⁹, SAGER guidelines³² and International Committee of Medical Journal Editors (ICMJE)⁷⁶ when constructing the review encourages the completeness of reporting of equity-relevant information. This information is vital for emphasizing the consideration of equity in the review leading to better judgement of applicability by policymakers and integration in policies and programs.

4.0 DISCUSSION

We developed a framework to systematically guide authors of rapid reviews to consider equity in all the stages of review development. This framework might also be used by groups and agencies responsible for rapid decision making at times of emergencies such as the COVID-19 pandemic –to ensure that populations experiencing inequities are considered when informing policy and developing guideline recommendations.

Although there is clear evidence on how marginalization impacts poor and socially marginalized group's health, their perspectives are often poorly reflected in available evidence bases⁷⁷. Greater involvement of these stakeholders in reviews can support greater inclusion of social and organizational factors that may influence interventions and review findings⁷⁸⁻⁸¹. Major funding institutes such as the Canadian Institute of Health Research (CIHR), National Institutes of Health Research (NIHR), Patient-Centered Outcomes Research Institute (PCORI) support the voluntary or mandatory inclusion of patients, public and other end-users in the research process⁸². Of note, several studies have reported that the rapidly evolving nature of the COVID-19 pandemic made it difficult to engage relevant stakeholders in review processes and apply rapid review methods; nevertheless, we argue that it is even more important to engage stakeholders in the face of rapidly-evolving health events⁸³. We hope the guidance we have developed facilitates this process for future COVID-19 pandemic waves and for future pandemic preparedness^{83,84}.

Despite the multitude of frameworks⁸⁵⁻⁹⁰ created for integrating health equity into policies and programs, policymakers face several challenges when applying a health equity lens⁹¹⁻⁹³. Therefore, to make use of equity findings, knowledge translation methods need to be adopted. The plan for knowledge translation should be specific to the end-users and account for their level of understanding of evidence synthesis methodology. Accordingly, the review authors could package the findings in a way to help end-users make evidence informed decisions. An alternative approach would be to adopt an integrated knowledge translation approach where end-users are members of the research team, collaborating throughout all the steps of the research process⁹⁴.

Seeking the reduction of health inequities in health is essential from an ethical perspective⁹⁵, but it is not the only ethically justified goal of public health decision-making. Improving total population health is an apparent goal of public health. Therefore, decision-makers should contemplate balancing these public health goals. The inclusion of ethics in health decision-making processes by following a strictly procedural ethics framework, like accountability for reasonableness, or one that is supplemented with substantive moral principles, e.g. the Making Fair Choices report⁹⁶, and involving moral deliberation, may help address these issues.

Our approach to developing this guidance has limitations. First, we developed this guidance through an iterative approach by adapting available guidance and finding illustrative examples instead of using a consensus approach. Second, we did not find an exemplar review that applied all the proposed steps in the review process so applying all the available guidance in a single review may disrupt the short time frame required by commissioners of rapid reviews. Thus, the feasibility of this guidance needs to be evaluated, to determine the extent to which it supports the incorporation of equity in the design, conduct and reporting of rapid reviews of different types of questions in a timely manner.

5.0 CONCLUSION

The COVID-19 pandemic has highlighted the magnitude of health inequities existing across the globe. The dynamic nature of the pandemic calls for rapid and up-to-date evidence to inform policy and decision making. We anticipate that researchers conducting rapid reviews in the COVID-19 pandemic and other public health emergencies will find the guidance we propose in this paper helpful in explicitly considering health equity in their development process and in turn, support the deliberate consideration of health equity in policymaking.

CRedit authorship contribution statement

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Conflicts of interest

Andrea Tricco currently holds a Tier 2 Canada Research Chair in Knowledge Synthesis.

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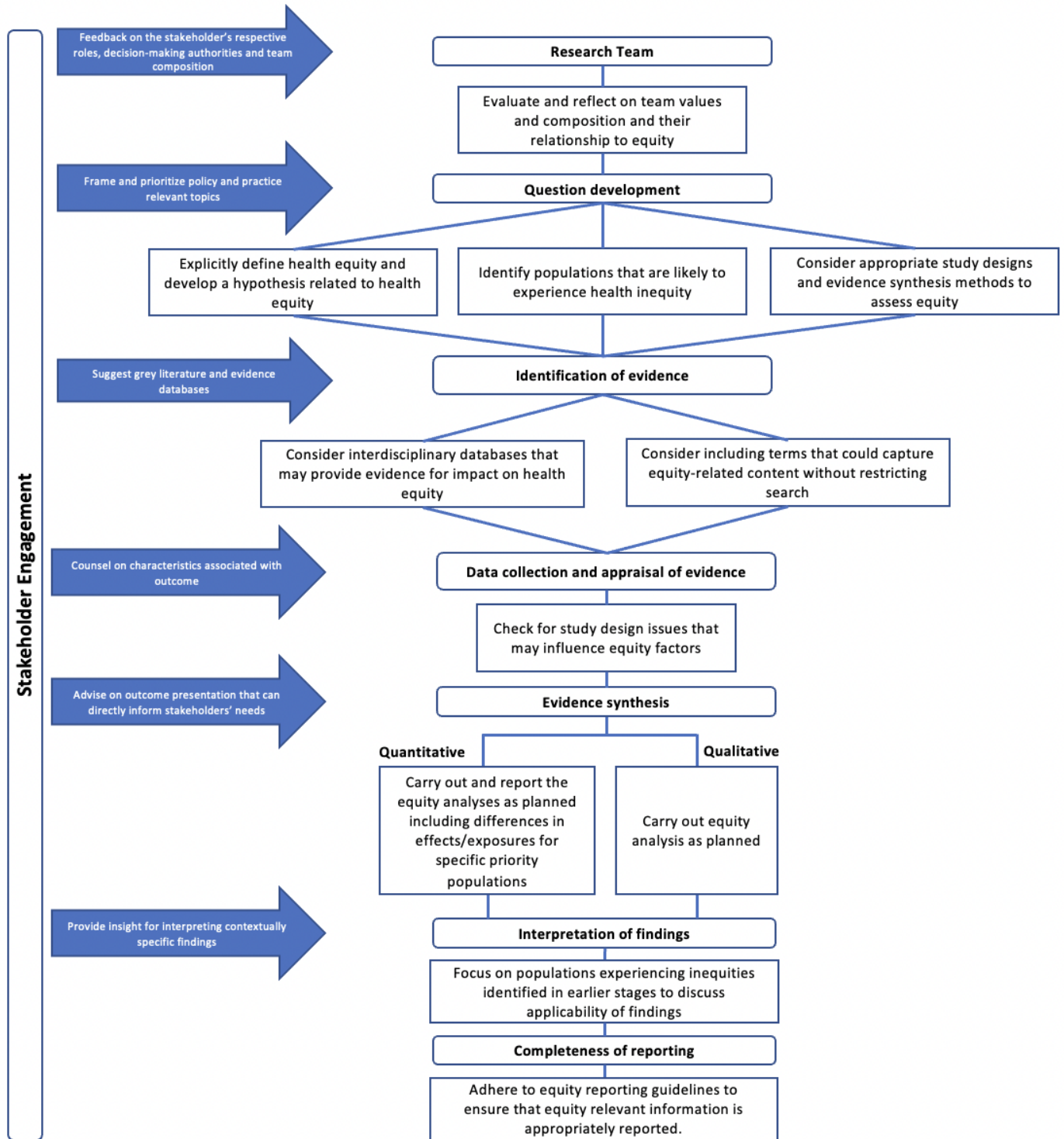


Figure 1: A flow chart for applying an equity lens to rapid evidence synthesis.

Table 1. Examples of equity considerations in the process of rapid evidence synthesis.

Steps to consider equity	Rationale	Example(s)
Stakeholder engagement	In the spirit of equity, inclusion and diversity, the research team should consider including representatives of populations that experience inequities and diverse experiences.	In a rapid review on the change in level of vaccine protection over time in COVID-19 vaccinated, there is selected information incorporated into the review provided by patient/citizen partners (2 people) with lived experience on the subject matter. ⁹⁷
Question formulation	Identifying the priority population, defining where the inequity lies and the choosing the appropriate study designs to answer the question is important for evaluating impacts on health equity.	<p>In the introduction: <i>“As vaccines became available, large proportions of populations over age 12 have been vaccinated and some public health measures have been relaxed, leaving those under age 12 vulnerable to infection and severe illness.”</i> ⁹⁸</p> <p>In the eligibility criteria, Guidelines and synthesis were prioritized as they generally take into account the available body evidence and could be applied broadly to subpopulations⁹⁸.</p>
Identification of evidence	Evidence relating to populations experiencing health inequities draws not only on health, but social, cultural, and political factors. Thus, authors should consider a wide range of literature when searching for relevant studies.	<p><i>“A grey literature search was also conducted, including: MedRxiv, Google, McMaster Health Forum (CoVID-END), and websites of international government organizations (e.g., Center for Disease Control and Prevention [CDC], World Health Organization [WHO])”</i> ⁹⁹</p> <p>A review evaluating risk factors for children searched for the population of interest in all possible fields (title, abstract, subject heading, etc..).⁹⁸</p>
Data collection and appraisal of evidence	Contextual factors and study process may influence outcomes as they relate to health equity, so authors should consider such factors and that could help interpret the findings of the study.	<p><i>“A review assessing the mortality and length of stay outcomes with the use of tele-medicine-supported critical care medicine compared to traditional bedside critical care found that the degree of impact of tele-ICU adoption is linked to location (urban vs. rural) among other factors.”</i> ¹⁰⁰</p> <p>Crawshaw al conducted a qualitative rapid review for aimed at assessing the level of vaccine acceptance in racialized populations. They evaluated the participants included in the qualitative primary studies to verify that the findings of the review apply. ⁴⁹</p>

Evidence synthesis	To assess the impact of health equity on outcomes, the authors should not only provide average results, but should report differences in effects across populations of interest.	<i>“Unknown length of surgical delay highest source of anxiety - male were more likely to proceed in spite of COVID-19 risk, Only 7% stated that they would continue to delay due to fear of contracting COVID-19 in hospital”¹⁰¹</i>
Interpretation of findings	Focusing on interpreting the evidence available for the previously identified priority populations as not all evidence is applicable to all groups of the population.	<i>“Across studies exploring perceptions of different vaccines, safety was a primary concern both as a motivator for seeking vaccination (i.e., to protect oneself and others from illness) and as a reason to not seek vaccination (i.e., potential side effects) [for First Nations, Inuit and Métis peoples in Canada and Indigenous Peoples globally]. The confidence in this finding is low (GRADE-CERQual) however, it is possible that this finding is a reasonable representation of the phenomenon of interest.”</i>