

## FOCUS ON

# Overview of Equity-Informed Approaches to Evidence Synthesis

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## Introduction

This Focus On serves as a companion document to the [Rapid Review: Towards Equity-Informed Approaches to Evidence Synthesis](#). It summarizes the main findings from a review of the peer-reviewed and grey literature on incorporating equity into the steps of the evidence synthesis process. While this document serves as a quick guide for public health practitioners and researchers, detailed information on each evidence synthesis step, including examples are found in the main rapid review.

## Background

Evidence syntheses are central tools to guide informed-decisions on the design and implementation of public health programs and policies.<sup>1</sup> They are valuable in identifying relevant information on the acceptability, accessibility, feasibility, and affordability of such policies and programs on individuals and communities.<sup>2</sup> This includes interventions that may risk increasing inequity as unintended consequence.<sup>3</sup> Consequently, syntheses have wide-ranging impacts: they shape how public health practitioners and organizations make sense of and apply research findings, including how health equity is considered and applied to public health practice.

Health equity can be defined both as a means (process) and an ends.<sup>4</sup> As an ends, health equity is realized when individuals have the fair opportunity to reach their fullest health potential. Achieving health equity requires reducing unnecessary and avoidable differences that are unfair and unjust.<sup>5</sup> Considering equity as a process requires working in a way that models dignity and justice without perpetuating or recreating harm in our structures, strategies, and working relationships.<sup>4</sup> This Focus On provides an overview of equity-informed approaches and practices to conducting evidence syntheses.

## Methods

Umbrella review methods were used to systematically identify and assess published information.<sup>6,7</sup> Primary studies and grey literature were included to further address data gaps, including decolonizing evidence synthesis, the role of theory in evidence synthesis, intersectional considerations for evidence synthesis, and literature published in both peer reviewed and grey literature sources after 2022.

Public Health Ontario (PHO) Library Services designed and executed searches of peer-reviewed and grey literature-conducted on November 30, 2023 and December 13, 2023. Full details of each search are available on request. Additionally, subject matter experts from PHO, Cochrane Collaboration Health Equity Methods Group, the National Collaborating Centre for Determinants of Health (NCCDH), and

Porcupine Health Unit were consulted for information about known published, unpublished, and ongoing studies on this topic. Inclusion and exclusion criteria are listed in full in the rapid review. The PHO authors acknowledge our positionality, which informs the assumptions, biases, and beliefs that we bring to this work.<sup>8</sup> In the full rapid review, we include further details on how positionality can inform the evidence synthesis process and include an invitation to readers to reflect on a series of questions when reviewing the full report and engaging in synthesis work.

## Key Findings

The findings from the rapid review are summarized according to two concepts:

1. First, the ways of knowing broadly as they relate to evidence synthesis are highlighted.
2. Second, considerations for equity-informed approaches to evidence synthesis are presented.

## Centring Diverse Ways of Knowing in Evidence Synthesis

Evidence syntheses are one form of capturing, sharing, and disseminating knowledge which have tended to be rooted in Western worldviews. This approach may exclude and fail to reflect diverse disciplines of knowledge, which has impacts on what is considered 'valid' evidence and, more broadly, what is considered evidence.<sup>9</sup> Evidence can take many forms beyond peer-reviewed journal articles and reports, including: lived experiences, oral histories, sharing circles, storytelling, and lessons from the field.

Multiple records in the review highlighted the need to decolonize the evidence synthesis process, centre diverse worldviews and the localized nature of knowledge to reflect multiple knowing practices, including Indigenous,<sup>9-12</sup> and Afrocentric ways of knowing.<sup>9</sup> Many decolonizing practices were identified in the literature including: unravelling and challenging Eurocentric or Western discourses across systems and structures,<sup>10</sup> integrating culturally responsive knowing practices within research methods,<sup>9</sup> and ensuring that communities (respectfully and reciprocally) are at the forefront of the process and benefit from the evidence synthesis generated.<sup>9</sup>

## Considerations for Equity-Informed Approaches to Evidence Synthesis

To guide practical application of the findings, equity-informed approaches identified in the records are presented in Table 1. The findings are organized according to the broad steps of the evidence synthesis process in which they were reported in their original sources or in which we grouped them based on the broad steps.<sup>13-16</sup> The steps outlined are those applied in our own evidence synthesis work, which is informed by the systematic review steps engaged in by the Cochrane Collaboration:<sup>13</sup> scoping, searching, screening, critical appraisal, data extraction, synthesis, and summary.

Table 1 also includes relevant frameworks, tools, and examples that emerged in the available literature at the time of the search. More details on each step can be found in the main review. While the steps are presented in a sequential order, evidence synthesis work calls for a more iterative process in many cases, for example, revisiting scoping after preliminary searching. To move away from a linear and reductionist approach to these steps, we encourage readers to consider how the findings can be applied to multiple steps of evidence synthesis process and not limited to just one step.

**Table 1: Considerations for Equity-Informed Approaches to Evidence Synthesis**

Evidence Synthesis Step	Equity Considerations	Suggested Tools, Frameworks and Examples
<p><b>Scoping:</b> Setting the research agenda and Formulating the research question</p>	<ul style="list-style-type: none"> <li>• Develop governance structures, such as Advisory Groups or engage Community Research Partners (CRPs) to enable people with lived experience to inform scope, methods, and provide ongoing guidance.<sup>10,17,18,19</sup></li> <li>• Plan adequate compensation and resource allocation for participation, meeting costs, travel, and training for synthesis team, Advisory Groups and CRPs.<sup>18</sup></li> <li>• Conduct training on power imbalances, implicit bias, and building trust and respect to create an environment where the synthesis agenda can be collaboratively and reciprocally set.<sup>20</sup></li> </ul>	<ul style="list-style-type: none"> <li>• The <i>Cochrane Collaboration</i> identifies the following steps to formulate the research question for equity-focused reviews: (i) define health equity; (ii) articulate hypotheses about equity; (iii) identify appropriate study designs to assess equity; (iv) consider appropriate outcomes for equity; and (v) unpacking social, political, and cultural context of planned and implemented programs/services.<sup>21</sup></li> <li>• <i>PROGRESS-Plus</i> is one means to identify and further refine specific factors related to the social determinants of health in the scoping phase.<sup>22-25</sup> This framework should be interpreted contextually and is not exhaustive of all determinants of health (i.e. structural determinants).</li> </ul>
<p><b>Searching:</b> Developing a search strategy for literature</p>	<ul style="list-style-type: none"> <li>• Consult with established Advisory Groups or CRPs and synthesis team to identify relevant search terms and literature, including un-published, non-indexed or hard-to-locate evidence.<sup>18-20</sup></li> <li>• Key areas for individual and group reflection include: what is defined as ‘research’ and what constitutes ‘high quality or credible evidence’.<sup>20</sup></li> <li>• Grey literature search engines are recommended to access non-published literature on equity.<sup>10,21</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Identifying keywords such as ‘health equity’/‘inequity’, ‘marginalization’, <i>PROGRESS-Plus</i> factors and the structural determinants of health can further focus the search toward an equity perspective.<sup>22</sup></li> <li>• When possible, identify validated filters, which consider sensitivity and specificity, and consult or work with a Library Services Team. Chapter 16 of the <i>Cochrane Guidebook</i> provides practical advice on term selection and search filters, which can be further refined.<sup>21</sup></li> </ul>

Evidence Synthesis Step	Equity Considerations	Suggested Tools, Frameworks and Examples
<p><b>Screening:</b> Reviewing literature found in searches and applying pre-set inclusion and exclusion criteria to identify relevant literature.</p>	<ul style="list-style-type: none"> <li>Select theoretical frameworks to guide the synthesis can support the screening process, including the development of inclusion and exclusion criteria.<sup>22,23</sup></li> <li>Consult with Advisory Group, CRPs, or research team with lived experience to consider nuances, complexities, histories, and historical understandings.<sup>10</sup></li> <li>Examine authors' positionality to understand directionality of research.<sup>10</sup> Reflect on who the research was conducted with, and for, to challenge dominant methods which may perpetuate oppression.<sup>9</sup></li> </ul>	<ul style="list-style-type: none"> <li>For example: Socioecological Theory, Critical Race Theory and Intersectionality.<sup>26</sup></li> <li>For example, Chambers and colleagues (2018) narrowed their inclusion criteria to focus on research/knowing practices that were by/with/for Indigenous and African diaspora communities, and not "on" them.<sup>9</sup></li> </ul>
<p><b>Critical Appraisal:</b> Assessing the 'quality' of literature from an equity-perspective</p>	<ul style="list-style-type: none"> <li>Analysis of findings pertaining to equity includes critical appraisal of who the research was conducted for and by,<sup>9</sup> study design factors (e.g., recruitment and attrition), and if and how populations experiencing inequities were included in the research process.<sup>27</sup></li> <li>See full review for a series of reflection questions to guide critical appraisal from an equity lens.</li> </ul>	<ul style="list-style-type: none"> <li>Examples of critical appraisal tools with an equity lens: PRISMA-Equity Extension Criteria,<sup>27</sup> Cochrane Risk of Bias,<sup>28</sup> Grading of Recommendations Assessment, Development, and Evaluation (GRADE) Equity Extension,<sup>29</sup> and Aboriginal and Torres Strait Islander Quality Appraisal Tool.<sup>10</sup></li> </ul>
<p><b>Data Extraction:</b> Information gathered from across the included literature</p>	<ul style="list-style-type: none"> <li>Ensure Advisory Group or CRPs input into the development of the extraction tool to collect meaningful and relevant information from records.<sup>10</sup></li> <li>Identify evidence of differences in access to, or the quality of care for, groups facing marginalization.<sup>21</sup></li> <li>Extract contextual (i.e. social, cultural, political) and structural factors (i.e. racism, colonialism) that may influence health equity outcomes and opportunities.<sup>29</sup></li> </ul>	<ul style="list-style-type: none"> <li>Areas to consider during extraction (see rapid review): <ul style="list-style-type: none"> <li>Whether and how authors define health equity;<sup>30</sup></li> <li>Which groups or settings are likely to experience inequities resulting from the program/policy;</li> <li>Differences in baseline conditions across groups or settings that would result in differences in effectiveness for groups facing marginalization.<sup>23</sup></li> </ul> </li> </ul>

Evidence Synthesis Step	Equity Considerations	Suggested Tools, Frameworks and Examples
<p><b>Synthesis:</b> Presents an overview of all reviewed literature using a consistent approach</p>	<ul style="list-style-type: none"> <li>• Synthesize and identify positive effects on health equity, positive effects for identified population groups, no effects, or negative effects on health equity.<sup>31</sup></li> <li>• Provide average results and report on differences in effect across populations of interest,<sup>27</sup> including considerations for intersectionality within groups.</li> <li>• Collaborative synthesis of findings ensures accuracy, representativeness, and practical use, including knowledge translation and community benefit.<sup>10</sup></li> </ul>	<p>According to <i>Cochrane Handbook</i>, analysis of findings of interventions from an equity perspective involves three steps:</p> <ol style="list-style-type: none"> <li>1. Identifying which populations are likely to experience health equities;</li> <li>2. Assessing whether the intervention results in important improvement, and</li> <li>3. Assessing whether the identified populations achieve the same improvement in both absolute and relative effects of other populations.<sup>13</sup></li> </ol>
<p><b>Summary of Synthesis Findings:</b> Reporting of results</p>	<ul style="list-style-type: none"> <li>• Conduct with the help of Advisory Groups or CRPs to support interpretation, content expertise, and perspectives.<sup>10</sup></li> <li>• Include health equity as an outcome. Comment on whether evidence was available for equity-denied populations (not all evidence applies to all groups).<sup>21</sup></li> <li>• Present separate tables with data on populations experiencing inequities to highlight differences in relative effectiveness of programs/services.<sup>21</sup></li> <li>• Critical engagement with equity theories can provide insight on the interpretation of findings.<sup>26,28</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Acknowledge limitations or critique what is in the literature, reflect on how equity was (or wasn't) integrated throughout the process, which can inform recommendations for practice.<sup>9</sup></li> <li>• Guidelines to support the reporting of different study designs: PROGRESS-Plus, PRISMA-Equity, SAGER Guidelines, the International Committee of Medical Journal Editors (ICJME),<sup>27</sup> and instructions to authors published by leading journals such as JAMA.<sup>9</sup></li> <li>• A health equity impact assessment tool can be used to summarize findings and to identify unintended potential impacts of policy and program on equity denied groups.<sup>22</sup></li> </ul>
<p><b>Sharing:</b> Knowledge translation and dissemination</p>	<ul style="list-style-type: none"> <li>• Consult with Advisory Groups or CRPs to determine preferences for presentation of findings and reflect on appropriateness to ensure findings are meaningfully shared and are of maximum benefit to community and partners.<sup>9</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Examples include co-production of plain language summaries and infographics,<sup>18</sup> co-designed evidence maps,<sup>19</sup> and conversational approaches to prioritize diverse ways of communication and sharing.<sup>10</sup></li> </ul>

## Conclusion

Health equity is a wicked problem requiring complex disruptions across structures and systems that shape how society is organized.<sup>32</sup> The available literature on synthesis and health equity offers a range of considerations for how equity can be embedded in and applied to, the evidence synthesis process. Evidence synthesis processes do not always need to be transformed, but may need to extend themselves to acknowledge current health equity considerations. Applying these considerations requires personal reflexivity, relationship building with the communities one is doing research with and for, and ongoing examination of drivers and disrupters of inequities.<sup>25</sup>

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