

Update on supporting equity in COVID-END

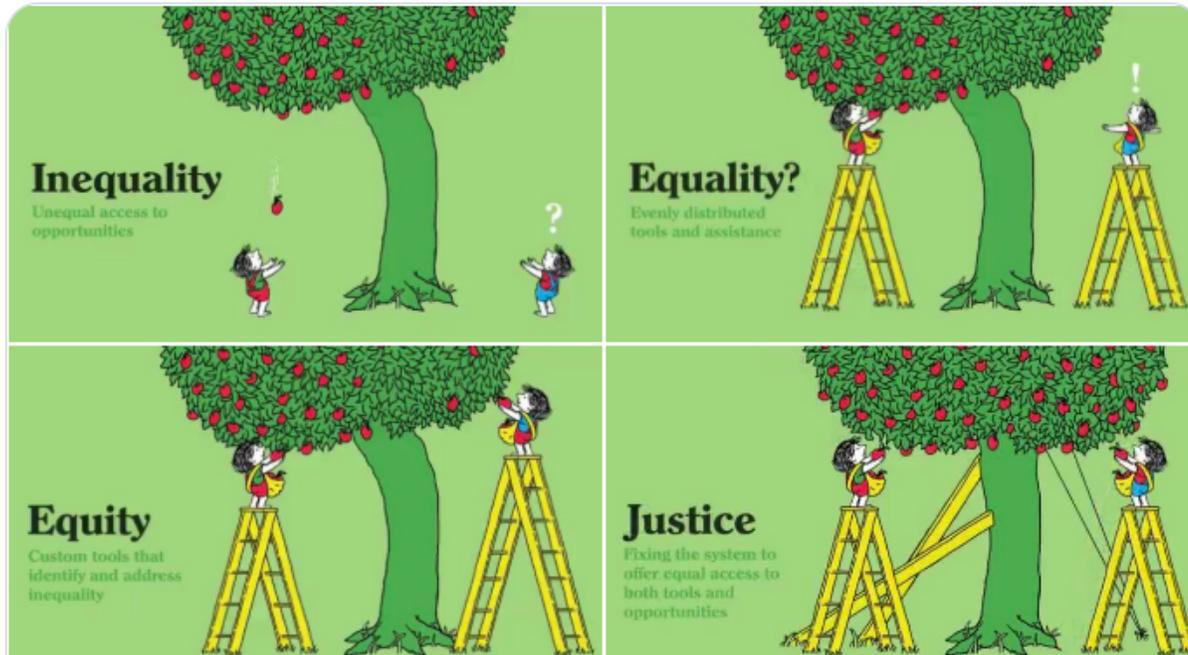
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What is health equity?



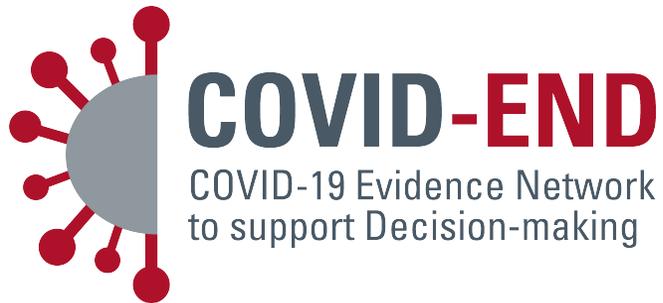
We draw on WHO's definition of equity **equity** as the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification

health equity implies that everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential.

Why is equity important?

- Decision-makers want to know about distribution of effects in the population, and risk of magnifying/exacerbating existing inequities
 - E.g. incidence of COVID-19 higher for those in essential services, low-income jobs, incidence and severity higher for Black, Asian and minority ethnicity populations, gender, age and productivity losses at work with caregiving roles, losses in learning for children worse across the social gradient, mental health and stress magnified across social factors
- Opportunity cost of actions on other sectors
 - E.g. , closing public parks may expose people who are homeless or vulnerably housed to increased risks of exposure to COVID-19 in crowded housing; restricting movement may increase risk of domestic violence,
- Priority questions on the social and economic response need to consider social factors
 - E.g. How to get people back to work, upskilling, education and schools, food security, impact on caregivers, gender and productivity, impact in low and middle income countries
- Methods for equity-focused questions may need to be tailored
 - May need different study designs (e.g. non-randomized studies) or methods (e.g. mixed methods qualitative and quantitative reviews)

Equity considerations in COVID-END



Opportunities for COVID-END to address equity, some initial possibilities:

1. Within individual working groups
2. Incorporate equity considerations in Cochrane's rapid review template and other resources to support evidence synthesis for COVID-19
3. Incorporate equity considerations into priority setting process/horizon scanning
4. **Incorporate equity-relevant reviews and findings into COVID-END inventory**

COVID-END inventory

Inventory of 'best evidence syntheses' for all types of decisions being faced by those who are part of the COVID-19 pandemic response, organized around four broad categories:

- [evidence about public-health measures](#) (e.g., masks and tests)
- [evidence about clinical management](#) of COVID-19 (e.g., prescription drugs) and pandemic-related conditions (e.g., mental health and addictions issues)
- [evidence about health-system arrangements](#) (e.g., scaling capacity up or down and virtual-care alternatives to in-person care)
- [evidence about economic and social responses](#) (e.g., classroom and public-transit changes)

How to describe and include **equity-relevant evidence** within COVID-END's inventory to support decision-makers in accessing the highest quality information about **how populations may face different levels of vulnerability and risk** to COVID-19 and may require **tailored interventions** related to the prevention, treatment and management of the consequences of COVID-19 across all four categories of the inventory.

PROGRESS



Place of residence



Race/ethnicity/culture/language



Occupation



Gender/sex



Religion



Education



Socioeconomic status



Social Capital

O'Neill [now Petkovic] J, Tabish H, Welch V, et al. Applying an equity lens to interventions: using PROGRESS ensures consideration of socially stratifying factors to illuminate inequities in health. *J Clin Epidemiol.* 2014;67(1):56-64. doi:10.1016/j.jclinepi.2013.08.005

PROGRESS-Plus

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

Identifying COVID-specific vulnerabilities (e.g. migrants, refugees)

We also highlight that these are not mutually exclusive identities and that people can experience **compounding levels of disadvantage (drawing on intersectionality)** when living with multiple intersecting forms of exclusion and/or oppression.

O'Neill J, Tabish H, Welch V, et al. Applying an equity lens to interventions: using PROGRESS ensures consideration of socially stratifying factors to illuminate inequities in health. J Clin Epidemiol. 2014;67(1):56-64. doi:10.1016/j.jclinepi.2013.08.005

Crenshaw, K. Mapping the margins: Intersectionality, Identify Politics, and Violence against Women of Color. Stanford Law Review. 1991 Jul 5;43(6):1241-99

Sen G, Iyer A, Mukherjee C. A methodology to analyse the intersections of social inequalities in health. J Hum Dev Capab. 2009, 10 (3): 397-415. 10.1080/19452820903048894

Equity-relevant evidence

Two broad types of reviews

1) Reviews that explicitly address equity and complement existing inventory taxonomy

Reviews in this category fall into three criteria:

- a) high-quality reviews that address an existing category within the inventory
- b) reviews that address (possibly new) sub-category of inventory; and
- c) complementary reviews that address the same topic within the inventory but do not qualify for 'best available review' (see example 2c below)

2) Reviews that explicitly address equity that cross multiple inventory categories and/or address questions outside of inventory scope

Reviews that explicitly address equity and complement existing inventory taxonomy

A) high-quality reviews that address an existing category within the inventory

Include additional column to highlight equity-relevant findings in high quality review

Broad and specific decision	Criteria for 'best evidence synthesis'			Details to support relevance assessment	Additional decision-relevant details			
	Date of last search	Quality rating	Evidence profile	Key findings	Equity relevant findings	Living evidence synthesis	Type of synthesis	Type of question
Economic Resilience	2020-05-07	x/11		Across LMICs, illness-related income protection addresses vulnerabilities not covered when providing protection against direct medical costs alone	People with informal employment, most often migrants and people with disabilities, faced higher levels of exclusion from social protection measures.	No	Scoping	

Reviews that explicitly address equity and complement existing inventory taxonomy

B) reviews that address (possibly new) sub-category of inventory

Broad and specific decision	Criteria for 'best evidence synthesis'			Details to support relevance assessment	Additional decision-relevant details			
	Date of last search	Quality rating	Evidence profile	Key findings	Equity relevant findings	Living evidence synthesis	Type of synthesis	Type of question
Mental health and addictions issues related to the pandemic response								
Mental health among specific populations								
Immigrant communities	2020-07-03	xx/11	xxx	Age, racial/ethnic group, immigration status, and place of residency influence mental health needs. Immigration-related laws influence access and underlying stressors				
People with disabilities	Scoping review underway							

Reviews that explicitly address equity and complement existing inventory taxonomy

C) complementary reviews that address the same topic within the inventory but do not qualify for ‘best available review’

Additional row for equity-relevant complementary reviews (when it addresses the same decision category; highlighted in orange in example below) or additional column within “additional decision-relevant details” as coming from complementary review (highlighted in green in example below)

Broad and specific decision	Criteria for ‘best evidence synthesis’			Details to support relevance assessment	Additional decision-relevant details				
	Date of last search	Quality rating	Evidence profile	Key findings	Living evidence synthesis	Type of synthesis	Type of question	Equity relevant findings	Equity considerations (complementary review)
Assessing most important prognostic factors	2020-04-28	7/10	Yes	Many clinical and socioeconomic factors provide prognostic information on mortality or severe disease in patients with COVID-19	No	Full review	Other		Black race/ethnicity (vs. non-Hispanic white), homelessness, and low income (vs. above average), and age over 60 or 70 years are risk factors for severe outcomes (Quality Rating: x/11)
	2020-06-15	x/11		Risk factors for severe outcomes of COVID-19 are obesity class III, heart failure, diabetes, chronic kidney disease, dementia, age over 45 years (vs. younger), male gender, Black race/ethnicity (vs. non-Hispanic white), homelessness, and low income (vs. above average), and age over 60 or 70 years					

Reviews that explicitly address equity that cross multiple inventory categories

Includes reviews that explicitly focus on equity, equity-seeking populations and equity issues related to implementation (rather than effectiveness)

- may focus on questions not explicitly addressed within inventory and/or may cut across many areas of the inventory

Suggest developing an **equity-focused collection within inventory**, while also cross-linking these reviews (or their relevant findings for specific inventory categories) so that decision-makers bump up against it

Examples of reviews that might fall under this category include:

- [What is the evidence on ethnic variation on COVID- 19 incidence and outcomes?](#)
- [Protective factors that may help protect Indigenous communities from the COVID-19 pandemic and its impacts in Canada, and internationally?](#)

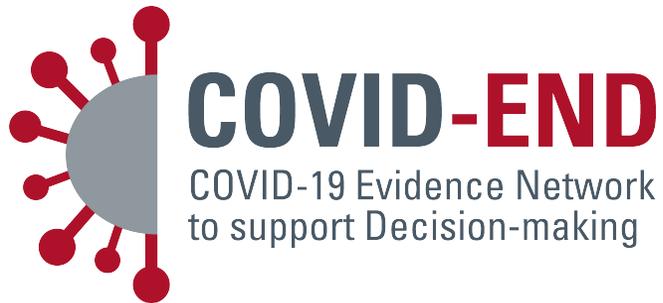
Next Steps

COVID-END inventory group reviewing ways to adapt inventory to include equity relevant findings

Flagging any reviews currently featured with equity-relevant findings

Equity group developing search protocol to complete a weekly (or bi-weekly) search of COVID-specific and other relevant databases

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.....other suggestions?



How to consider equity in evidence synthesis

	Question	Example systematic review
Formulating the question	Are there differences in problem or condition across PROGRESS-Plus?	Viner et al 2020 School closure... "harms to child welfare particularly among the most vulnerable pupils, and nutritional problems especially to children for whom free school meals are an important source of nutrition"
Planning the methods	Specify if review will analyze effects across relevant PROGRESS-Plus factors	Noone et al Video calls for reducing social isolation-Cochrane... "The only planned analysis was a comparison between studies conducted in nursing homes and studies conducted in home settings. "
Creating 'Summary of findings' tables	<ul style="list-style-type: none"> - outcomes of importance across PROGRESS-Plus, -differences in control event rate or effects 	<ul style="list-style-type: none"> -convenience (Haider et al telemedicine for orthopaedics) -Armstrong et al Outcomes from intensive care...No difference in deaths as a proportion of ICU admitted patients
Interpreting findings (in relation to health equity)	Discuss overall completeness and applicability in light of inclusion of populations across PROGRESS-Plus	Anglemyer et al Digital contact tracing...Cochrane... " Digital solutions may have equity implications for at-risk populations with poor internet access and poor access to digital technology"

COVID-END equity response-immediate

- Equity, diversity and inclusiveness adopted as overarching principles, **l** outputs and outcomes for COVID-END to bring diverse perspectives to setting priorities and influencing the evidence community (see logic model)
- Equity in **resources** of each working group
 - [scoping](#) eg equity, diversity and inclusion in values, governance and network
 - [engaging](#) eg inclusiveness, diversity and stakeholder engagement
 - [digitizing](#) eg are there issues for digitizing group and synthesis, eg with text-mining, machine learning?
 - [synthesizing](#) eg add equity guidance to interactive flowchart, eg. Cochrane Handbook, Campbell/Cochrane equity methods group, others
 - [recommending](#) eg add equity resources, such as GRADE-equity, WHO- INTEGRATE, others
 - [packaging](#) eg add resources on packaging that considers accessibility, cultural relevance, literacy/reading level?)
 - [sustaining](#) e.g. consider equity in evaluating COVID-END's activities; addressing equity in horizon scanning