



Health equity considerations in guideline development: A rapid scoping review

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Abstract:	<p>Background: To determine current best practices to integrate health equity into the guideline development process and the benefits and/or drawbacks of these practices.</p> <p>Methods: We searched Ovid MEDLINE® ALL and Embase Classic+Embase on the Ovid platform, CINAHL on Ebsco, and Web of Science from 2010 to 2020. We searched grey literature from 2015 to 2020, using the Canadian Agency for Drugs and Technologies in Health (CADTH) Grey Matters checklist and searches of potentially relevant websites. Articles were screened independently by one reviewer. Proposed best practices, advantages/disadvantages, and tools were extracted independently by one reviewer and qualitatively synthesized based on the relevant steps</p>

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	<p>of a comprehensive checklist covering the stages of guideline development.</p> <p>Results: We included (n=21) articles that proposed best practices for incorporating health equity within the guideline development process. These practices were organized under different stages of the guideline development process including guideline planning, evidence review, guideline development, and dissemination. Included studies provided best practices from guideline producers, articles discussing health equity in current guidelines, articles addressing strategies to increase equity in the guideline implementation process, and literature reviews of promising health equity practices.</p> <p>Interpretation: Our scoping review identified best practices to incorporate health equity considerations at each phase of guideline development. Identified practices may be used to inform equity-promoting strategies with the guideline development process, however guideline producers should carefully consider the advantages and disadvantages of best practices when integrating health equity.</p>



Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
TITLE			
Title	1	Identify the report as a scoping review.	1
ABSTRACT			
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	3
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	4
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	4
METHODS			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	4
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	5,8
Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	4,5
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	Appendix B
Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	5
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	5
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	5,6
Critical appraisal of individual sources of evidence§	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).	N/A

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	5,6
RESULTS			
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	6
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	6, 10-13
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	N/A
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	6,14-18
Synthesis of results	18	Summarize and/or present the charting results as they relate to the review questions and objectives.	14-18
DISCUSSION			
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	6
Limitations	20	Discuss the limitations of the scoping review process.	7
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	7
FUNDING			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	2

JBI = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews.

* Where *sources of evidence* (see second footnote) are compiled from, such as bibliographic databases, social media platforms, and Web sites.

† A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g., quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping review as opposed to only studies. This is not to be confused with *information sources* (see first footnote).

‡ The frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JBI guidance (4, 5) refer to the process of data extraction in a scoping review as data charting.

§ The process of systematically examining research evidence to assess its validity, results, and relevance before using it to inform a decision. This term is used for items 12 and 19 instead of "risk of bias" (which is more applicable to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy document).

From: Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. *Ann Intern Med.* 2018;169:467–473. doi: 10.7326/M18-0850.



Health equity considerations in guideline development: A rapid scoping review

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3 **Declarations**
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5 *Author's contributions*
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7 NS, ABennett: Conceptualization, project administration, methodology, writing original draft, and
8 revisions.
9

10 ABeck: Methodology, writing original draft, and revisions.
11

12 BS: Review and editing, search strategy.
13

14 MB, JL, DM: Funding acquisition, methodology, review, and editing.
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16 GT, AM, NP: Conceptualization, review, and editing.
17
18

19 *Funding*
20

21 Funding for this manuscript is provided by the Public Health Agency of Canada through the
22 Jewish General Hospital (Montreal, Canada). The views expressed herein do not necessarily
23 represent the views of the Public Health Agency of Canada.
24

25 *Data sharing*
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27 All data presented are available in the published record and the protocol and full report are
28 available on the Open Science Framework (<https://osf.io/skvnx/>).
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Abstract

Background:

To determine current best practices to integrate health equity into the guideline development process and the benefits and/or drawbacks of these practices.

Methods:

We searched Ovid MEDLINE® ALL and Embase Classic+Embase on the Ovid platform, CINAHL on Ebsco, and Web of Science from 2010 to 2020. We searched grey literature from 2015 to 2020, using the Canadian Agency for Drugs and Technologies in Health (CADTH) Grey Matters checklist and searches of potentially relevant websites. Articles were screened independently by one reviewer. Proposed best practices, advantages/disadvantages, and tools were extracted independently by one reviewer and qualitatively synthesized based on the relevant steps of a comprehensive checklist covering the stages of guideline development.

Results:

We included (n=21) articles that proposed best practices for incorporating health equity within the guideline development process. These practices were organized under different stages of the guideline development process including guideline planning, evidence review, guideline development, and dissemination. Included studies provided best practices from guideline producers, articles discussing health equity in current guidelines, articles addressing strategies to increase equity in the guideline implementation process, and literature reviews of promising health equity practices.

Interpretation:

Our scoping review identified best practices to incorporate health equity considerations at each phase of guideline development. Identified practices may be used to inform equity-promoting strategies with the guideline development process, however guideline producers should carefully consider the advantages and disadvantages of best practices when integrating health equity.

Introduction

The attainment of the highest possible standard of health for all is a fundamental human right.(1) Over the past two decades, many countries and global organizations have undertaken measures to reduce health inequities,(2–4) which are defined as avoidable differences in health that are considered unfair and unjust but modifiable.(5,6) Factors that contribute to unfair and avoidable differences in health are diverse, complex, and interdependent.(7) Populations that are marginalized due to social, economic or environmental factors may face a higher burden of disease or poorer health outcomes due to structural inequities that result in an unequal allocation of power and resources.(7,8) These issues may be further compounded due to a differential ability (or opportunity) to access or use the full spectrum of healthcare.(9) For these reasons, health equity has been increasingly recognized as a vital consideration in clinical practice, public health, and policymaking.(2,10–13)

Evidence-based clinical practice guidelines have the potential to reduce health inequities and improve care among disadvantaged populations.(14–16) Guidelines can also unintentionally create or exacerbate existing health inequities between populations.(14,16–19) For example, guidelines may not consider the effects of socioeconomic status(20) or recommend an inaccessible diagnostic or treatment, thus widening health disparities. Indeed, guidelines that solely consider evidence of effectiveness of clinical options as a foundation for the recommendations without consideration of the evidence related to their implementability, acceptability, feasibility, and capacity to mitigate disparities do not meet international standards of quality.(21) For these reasons, the objective of this scoping review is to identify current best practices to integrate health equity into guideline development and the benefits and/or drawbacks of these practices.

Methods

Study design

The full protocol for this scoping review and full report is available on the Open Science Framework (<https://osf.io/skvnx/>). Levac and colleagues' update of the Arksey and O'Malley methodological framework for scoping reviews guided this review.(22,23) We also followed the methodology manual published by the Joanna Briggs Institute for scoping reviews,(24,25) where applicable.

Literature search

An experienced medical information specialist (BS) developed and tested the search strategies through an iterative process in consultation with the review team. Another senior information specialist peer-reviewed the strategies prior to execution using the PRESS Checklist (see **Appendix A**).(26) Using the multifile option in Ovid, we searched Ovid MEDLINE® ALL and Embase Classic+Embase. We also searched CINAHL (Ebsco) and the Web of Science Core Collection. All searches were conducted on 23 November 2020. Strategies utilized a combination of controlled vocabulary (e.g., "Guidelines as Topic") and guideline-related keywords in proximity to terms representing either processes (e.g., develop, framework, process) or disadvantaged populations (e.g., disparity, inequity, underserved). Vocabulary and syntax were adjusted across databases. Where possible, animal-only and opinion pieces were removed. There were no language restrictions on any of the searches, but results were limited

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3 to publication dates from 2010 onwards. Results were downloaded and deduplicated using
4 EndNote version 9.3.3 (Clarivate Analytics). The full strategies can be found in **Appendix B**.
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6 We conducted a targeted search of the grey literature to identify relevant non-indexed and
7 unpublished literature using the Canadian Agency for Drugs and Technologies in Health
8 (CADTH) Grey Matters checklist(27) and through searches of potentially relevant websites (see
9 **Appendix C**). Grey literature searches were limited to English language documents published
10 from 2015 to 2020.
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12 *Study eligibility criteria*

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15 **Table 1** outlines the study inclusion and exclusion criteria. Relevant studies were included if
16 they described procedures or processes, regardless of method, that address health equity in the
17 guideline development process. Articles that described equity promotion practices in primary
18 research studies (e.g., promoting health equity when conducting randomized clinical trials) or
19 systematic reviews (only) were excluded.
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21 *Study selection*

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24 The article selection process consisted of two phases of screening: 1) title and abstract review
25 and 2) full-text review. Following the removal of duplicates, the titles and abstracts of all
26 references identified in our search were uploaded into Covidence Software for screening.(28) A
27 pilot screening exercise occurred before each phase of screening to ensure inter-rater reliability
28 and determine the adequacy of the screening criteria. For both phases, screening was
29 performed by one reviewer using the eligibility criteria described above. A second reviewer
30 assisted with any uncertain references. A PRISMA flowchart detailing the screening process
31 and list of excluded studies during full-text screening can be found in **Appendix D**.
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33 *Charting the data*

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36 All included full-text articles were reviewed and charted by one reviewer using a pilot-tested
37 data abstraction form. Data abstraction was completed using NVivo Software (released in
38 March 2020).(29) We captured data items related to study characteristics, including author and
39 organization, study design, the article's aim, and a description of the population and setting.
40 When articles provided equity recommendations specifically for guidelines, we extracted best
41 practices as they relate to the stages of the guideline development process (based on a
42 comprehensive guideline development checklist).(30) The benefits and drawbacks of these
43 approaches as described by the authors were also extracted, if available. Approaches that fell
44 outside the guideline development process (e.g., health equity-promoting practices related to
45 organizational leadership, budgeting, training) were extracted and qualitatively synthesized by
46 considering common themes. We did not formally appraise the methodological quality of
47 included articles due to a lack of methodological tools suited to this purpose. Additionally, our
48 aim was to map any available evidence, either from the peer-reviewed or grey literature, rather
49 than identify the highest-quality evidence to answer a specific key question related to policy or
50 practice.(24)
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52 *Data analysis*

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55 We describe our results using a narrative summary. Results are organized based on major
56 steps in the guideline development process as described by Shi and colleagues,(31) a
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3 comprehensive guideline development checklist.(30) Tables are included to summarize included
4 study characteristics, as well as methods for incorporating equity in guidelines, advantages or
5 disadvantages of these approaches, and relevant tools.
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7 *Ethics approval*

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9 We did not require ethics approval for this study.
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11 **Results**

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13 A total of 21 articles proposed best practices for incorporating health equity within the guideline
14 development process. Study characteristics are presented in **Table 2**. Five articles focused on a
15 specific population or subgroup including indigenous populations,(32) individuals with
16 intellectual disabilities,(19) minority ethnic groups,(33) individuals with lived experience of
17 homelessness,(34) and gender groups.(35) Key sources included the GRADE equity guideline
18 series published in 2017, which provided guidance and examples on considering equity at key
19 stages of the guideline development process.(16,36–38) Shi et al. 2014 conducted a systematic
20 review, which synthesized methods for incorporating equity in clinical practice guidelines.(31)
21 Other articles included sources that provided best practices from guideline
22 producers,(32,33,39–42) articles discussing health equity in current guidelines,(2,19,43–45)
23 articles addressing strategies to increase equity in the guideline implementation
24 process,(14,34,46) and literature reviews of health equity practices.(35,47)
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27 **Table 3** provides a summary of best practices for incorporating health equity within the guideline
28 development process. We structured the results using the relevant steps of a comprehensive
29 checklist covering the stages of guideline development.(30) The topics were then organized
30 under four headings: 1) guideline planning, 2) evidence review, 3) guideline development, and
31 4) dissemination.
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34 **Interpretation**

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36 Our scoping review found substantive recommendations on best practices to incorporate health
37 equity during four phases of guideline development (guideline planning, evidence review,
38 guideline development and dissemination). We included 21 articles from peer-reviewed and
39 grey literature sources, including reports from federal and provincial agencies, community health
40 centers, and international guideline producers.
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43 Despite the evidence base on health equity promotion in guideline development, few reviews
44 have been completed on this topic. A narrative literature review was published in 2011(48) and
45 a more comprehensive systematic review followed in 2014 by Shi and colleagues.(31) Since the
46 2014 review, several new articles have been published, including the GRADE equity series,
47 which provided comprehensive guidance and real-world examples regarding equity promotion in
48 guidelines. Our review captured these new articles and compiled additional sources related to
49 health equity promotion, including health equity toolkits, articles on interventions to increase
50 equity in primary care delivery, and organizational health equity plans. We also captured
51 potential advantages and disadvantages of the proposed best practices as identified by the
52 study authors.
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54 While equity-related guidance was captured for most of the stages of guideline
55 development,(30) some gaps in the knowledge base remain. No equity-related guidance was
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3 captured to identify or report on conflicts of interest, an important consideration for clinical
4 guideline producers due to potential vulnerability from industry influence.(49) We identified few
5 strategies relating to equity promotion in guideline reporting and peer review and the updating of
6 guidelines. Additionally, there was no discussion on the advantages or disadvantages of best
7 practices for the final stages, dissemination, and uptake of recommendations. Future research
8 may need to explore if special considerations related to equity are required for these steps.
9

10 The aim of this scoping review was to synthesize recommended best practices for addressing
11 health equity in guidelines. Some equity practices were targeted towards WHO clinical
12 guidelines and may be less relevant for clinical practice guidelines for primary care practitioners,
13 for example. Additionally, we limited our discussion of advantages and disadvantages to those
14 that had been identified in the original articles. There may be additional benefits or limitations to
15 practices when considering implementation. Finally, developers should remain conscious of
16 important systemic health and social inequities in our healthcare system when implementing
17 practices. Clinical and epidemiological research has highlighted the dangers of “othering”
18 certain patient groups. The provision of separate medical care or recommendations for
19 populations subgroups, such as in race-based medicine, may further exacerbate health
20 disparities rather than mitigate them.(50,51)
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23 *Strengths and Limitations*

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25 We chose to conduct a rapid scoping review due to its flexibility and the relevance of broader
26 evidence from articles from guideline producers and other healthcare organizations to our key
27 question. This methodology was appropriate for our goal of understanding the concepts and
28 practices related to health equity promotion. Nevertheless, limitations to our approach should
29 also be acknowledged. While our search strategy was comprehensive, we may have failed to
30 capture articles on equity-promoting strategies if they were not explicitly defined as such in the
31 articles (e.g., tools to facilitate patient engagement). To mitigate this concern and validate our
32 search strategy, we consulted a content expert to review our excluded studies list. We used a
33 rapid review methodology (one reviewer screened citations and another validated included
34 citations). While this may have resulted in relevant practices being missed, it is unlikely to bias
35 our results, as our goal was to synthesize practices. Finally, a narrative synthesis was used to
36 analyze and summarize our results. Efforts were made to be systematic in our use of qualitative
37 data synthesis methods, but we did not follow a formal thematic content analysis process, which
38 may reduce our review’s reproducibility.
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41 *Conclusions*

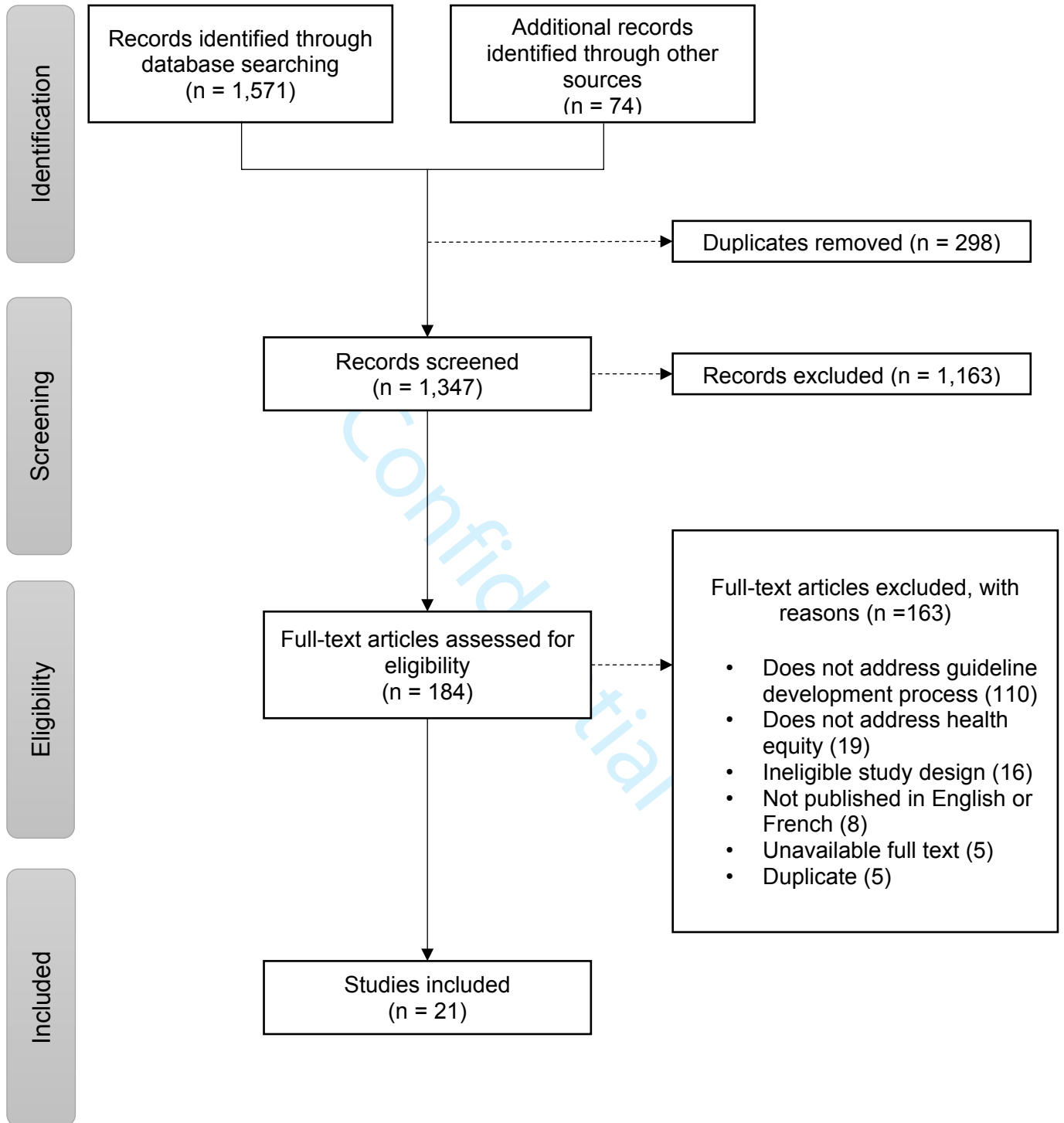
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43 Overall, our scoping review found varied evidence on proposed best practices to promote health
44 equity. Identified practices may be used to inform equity-promoting strategies within the
45 guideline development process and within the guideline organization itself. While health equity
46 is a complex issue and guideline organizations must carefully balance the pros and cons of best
47 practices, our review provides an overview of available strategies and resources to aid guideline
48 producers in creating a plan to integrate health equity.
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Table and Figures

Table 1. Eligibility criteria

Criterion	Inclusion	Exclusion
Population	<ul style="list-style-type: none"> Clinical practice guideline organizations Public health organizations Governmental Organizations Other relevant healthcare/ public health NGOs or associations 	
Concept	<ul style="list-style-type: none"> Best practices/processes for addressing health equity in guideline development using the PROGRESS-Plus Framework Benefits or drawbacks of these best practices to address health equity in guideline development Best practices/processes for addressing health equity relevant to health organizations and primary care 	<ul style="list-style-type: none"> Best practices/processes for addressing health equity in primary research Best practices/processes for addressing health equity in systematic reviews
Context	<ul style="list-style-type: none"> Peer-reviewed studies published in the past 10 years^a Primary research (any study design) or reviews (systematic, meta-analyses, scoping, evidence maps, rapid reviews, literature, evidence syntheses, reviews of reviews, narrative, critical), or guidelines (recommendations, procedural manuals) Grey literature sources published within the last 5 years^a Studies in English No country-based restrictions 	
Other		<ul style="list-style-type: none"> Unavailable full text Out-of-date publications that have an updated version of the same publication available

^aTime cut-offs have been selected due to timelines and budget restraints.

Figure 1. PRISMA flow diagram and list of excluded full-text studies with reasons

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Table 2. Characteristics and summary of included articles grouped by organization.

Author (Year), Country	Title	Organization	Aim	Population	Setting	Publication type
Welch et al. (2017) (16) International	GRADE equity guidelines 1: considering health equity in GRADE guideline development: introduction and rationale	GRADE Working Group	The aim of this article is to introduce “the rationale and methods for explicitly considering health equity in the Grading of Recommendations Assessment, Development and Evaluation (GRADE) methodology for development of clinical, public health, and health system guidelines.”	Not Specified	Not Specified	Journal Article
Akl et al. (2017) (38) International	GRADE equity guidelines 2: considering health equity in GRADE guideline development: equity extension of the guideline development checklist	GRADE Working Group	The objective of this article was to “provide guidance for guideline developers on how to consider equity at key stages of the guideline development process.”	Not Specified	Not Specified	Journal Article
Welch et al. (2017) (36) International	GRADE equity guidelines 3: considering health equity in GRADE guideline development: rating the certainty of synthesized evidence	GRADE Working Group	The aim of this paper is to “provide guidance to address health equity when rating the certainty in synthesized evidence using the Grading Recommendations Assessment and Development Evidence (GRADE) approach.”	Not Specified	Not Specified	Journal Article
Pottie et al. (2017) (37) International	GRADE Equity guidelines 4: guidance on how to assess and address health equity within the evidence to decision process	GRADE Working Group	“The aim of this paper is to provide detailed guidance on how to incorporate health equity within the GRADE (Grading Recommendations Assessment and Development Evidence) evidence to decision process.”	Not Specified	Not Specified	Journal Article
Eslava-Schmalbach et al. (2017) (46) International	Considering health equity when moving from evidence-based guideline recommendations to implementation: a case study from an upper-	GRADE Working Group	The aim of this article is to “provide guidance for consideration of equity during guideline implementation”, illustrated by through a Columbian case study on the development of the clinical practice guideline for pregnancy, childbirth, or puerperium complications.	Not Specified	Not Specified	Journal Article

	middle income country on the GRADE approach					
Dewidar et al. (2020)(2) International	Over half of the WHO guidelines published from 2014 to 2019 explicitly considered health equity issues: a cross-sectional survey	World Health Organization (WHO) Guideline Review Committee	The aim of this article is “to evaluate how and to what extent health equity considerations are assessed in World Health Organization (WHO) guidelines.”	Not Specified	Not Specified	Journal Article
Rehfuess et al. (2019)(41) International	The WHO-INTEGRATE evidence to decision framework version 1.0: integrating WHO norms and values and a complexity perspective	The World Health Organization	The aim of the paper is to, “reports on the development of an evidence to decision (EtD) framework that is rooted in WHO norms and values, reflective of the changing global health landscape, and suitable for a range of interventions and complexity features. We also sought to assess the value of this framework to decision-makers at global and national levels, and to facilitate uptake through suggestions on how to prioritize criteria and methods to collect evidence.”	Not Specified	Not Specified	Journal Article
World Health Organization (2014)(42)	Handbook for Guideline Development Extract Chapter 5: Incorporating Equity, Gender, Human Rights and Social Determinants into guidelines	The World Health Organization	The aim of this handbook is to describe how important considerations of equity, human rights principles, gender, and other social determinants of health can be “integrated into each step of the guideline development process and suggest eight entry points for doing so.”	Not Specified	Not Specified	Report (Handbook)
Liburd et al. (2020)(47) United States	Addressing health equity in public health practice: frameworks, promising strategies, and measurement considerations	The Centers for Disease Control and Prevention (CDC)	The review “describes the context of health equity and options for integrating health equity into public health practice.” Examples of conceptual frameworks and approaches to assessing progress are discussed.	Not Specified	Public Health	Journal Article

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<p>National Health and Medical Research Council (NHMRC) (2018)(39) Australia</p>	<p>Guidelines for guidelines: equity</p>	<p>National Health and Medical Research Council (NHMRC)</p>	<p>The aim of the Guidelines for Guidelines Handbook is to help NHMRC guideline developers produce high quality guidelines that meet the NHMRC Standards for Guidelines. The equity section of the handbook provides “practical steps that can be taken to consider equity in the development of guidelines.”</p>	<p>Not Specified</p>	<p>Not Specified</p>	<p>Report</p>
<p>National Institute for Health and Care Excellence (NICE) (2018)(33) UK</p>	<p>Promoting health and preventing premature mortality in black, Asian and other minority ethnic groups</p>	<p>The National Institute for Health and Care Excellence (NICE)</p>	<p>NICE quality statements provide guidance and quality standards on specific areas in which people from black, Asian, and other minority ethnic groups experience health inequalities.</p>	<p>Minority Ethnic Groups</p>	<p>Public Health</p>	<p>Report</p>
<p>Berentson-Shaw (2012)(32) New Zealand</p>	<p>Reducing inequality in health through evidence-based clinical guidance: is it feasible? The New Zealand experience</p>	<p>New Zealand Guidelines Group</p>	<p>The aim of the article is to present “a multifaceted framework, which has been developed in New Zealand to ensure health inequalities experienced by Maori (the indigenous population within New Zealand) are addressed when developing evidence-based guidance.”</p>	<p>Indigenous population (Maori)</p>	<p>Public Health</p>	<p>Journal Article</p>
<p>Scottish Intercollegiate Guidelines Network (SIGN) (2019)(40) UK</p>	<p>SIGN 50: a guideline developer’s handbook</p>	<p>Scottish Intercollegiate Guidelines Network (SIGN)</p>	<p>The main aim of this report is to “provide a reference tool that may be used by individual members of guideline development groups as they work through the development process.” The paper outlines the key elements of the development process common to all SIGN guidelines, including the consideration of issues of equity.</p>	<p>Not Specified</p>	<p>Public Health</p>	<p>Report (Guideline Manual)</p>
<p>Prescott et al. (2020)(44) Canada</p>	<p>Applying a health equity tool to assess a public health nursing guideline for practice in sexually transmitted infection assessment in British Columbia</p>	<p>Equity Lens in Public Health (ELPH) Research Team</p>	<p>“As part of the Equity Lens in Public Health (ELPH) research project, an assessment of the nursing guideline, Sexually Transmitted Infection (STI) Assessment Decision Support Tool, was undertaken using the Assessing Equity in Clinical Practice Guidelines health equity assessment tool.”</p>	<p>Not Specified</p>	<p>Public Health and Community Health Nursing</p>	<p>Journal Article</p>

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3	Razon et al. (2020)(45)	Clinical hypertension guidelines and social determinants of health: a systematic scoping review	University of California San Francisco	The aim of the review is to conduct “a scoping review of published guidelines on adult hypertension to explore how existing guidelines direct clinicians to address patients’ social conditions as part of hypertension management.”	Not Specified	Not Specified	Journal Article (Preprint)
4							
5	United States						
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8	Eslava-Schmalbach et al. (2016)(43)	Incorporating equity issues into the development of Colombian clinical practice guidelines: suggestions for the GRADE approach	NA	“To propose how to incorporate equity issues, using the GRADE approach, into the development and implementation of Colombian Clinical Practice Guidelines.”	Not Specified	Not Specified	Journal Article
9							
10	International						
11							
12							
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14							
15	Eslava-Schmalbach et al. (2011)(14)	Incorporating equity into developing and implementing for evidence-based clinical practice guidelines	NA	The main purpose “of this analysis is to argue why it is necessary to consider the incorporation of equity considerations in the development and implementation of clinical practice guidelines based on the evidence.”	Not Specified	Not Specified	Journal Article
16							
17	Colombia						
18							
19	Machluf et al. (2020)(35)	Gender medicine: lessons from COVID-19 and other medical conditions for designing health policy	NA	The paper presents a “literature review on the extent to which research in gender-specific differences in medical conditions has developed over the years and reveals gaps in gender-sensitive awareness between the clinical portrayal and the translation into gender-specific treatment regimens, guidelines and into gender-oriented preventive strategies and health policies.”	Gender differences	Not Specified	Journal Article
20							
21	Israel						
22							
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24							
25	Magwood et al. (2020)(34)	Determinants of implementation of a clinical practice guideline for homeless health	NA	“The aim of this study is to identify determinants of guideline implementation from the perspective of patients and practitioner stakeholders for a homeless health guideline.”	Persons who experienced homelessness	Community Health	Journal Article
26							
27	Canada						
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32	Mizen et al. (2012)(19)	Clinical guidelines contribute to the health inequities experienced by individuals with intellectual disabilities	NA	“This study uses an equity lens developed by the International Clinical Epidemiology Network (INCLIN) to examine how well clinical guidelines address inequities experienced by individuals with intellectual disabilities.”	Individuals with intellectual disabilities	Not Specified	Journal Article
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34	UK						
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Shi et al. (2014)(31)	How equity is addressed in clinical practice guidelines: a content analysis	NA	"This study aims to qualitatively synthesize the methods for incorporating equity in clinical practice guidelines."	Not Specified	Not Specified	Journal Article
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Table 3. Summary of proposed best practices within each of the four stages of guideline development.

Stage of Guideline Development	Proposed Best Practices Summary	Advantages/ Disadvantages	Tools Identified
1. Guideline Planning			
a) Priority setting	<ul style="list-style-type: none"> -Prioritize key questions that are of the greatest concern and interest to disadvantaged groups(32,38) -PROGRESS-Plus(52) may help developers systematically consider and prioritize populations for whom the health care topic is particularly relevant(31,38,39,43) -Consider dedicating a part of or a whole guideline to the care of disadvantaged groups(38) -Examine any health issue through the lens of equity, human rights, gender, and the influence of social determinants if adapting or adopting an existing guideline(39,42) -Consider other variables that might constitute potential barriers to the desired outcomes, such as legal and policy frameworks that could marginalize or exclude certain populations(42) 	<p>Practice: Examine any health issue through the lens of equity, human rights, gender, and the influence of social determinants</p> <p>Advantages:(42)</p> <ul style="list-style-type: none"> - May help to better understand the needs and gaps to be addressed and may lead to interventions that are more effective in the longer term and that will evoke a feeling of “ownership” in the targeted group or community 	<ul style="list-style-type: none"> -PROGRESS-Plus(52) -INCLIN equity lens(17)
b) Identifying target audience and topic selection	<ul style="list-style-type: none"> -Disadvantaged groups should be considered when identifying the target audience of a proposed guideline(38) -Planned guidelines should not only focus on the average level of health, but how health is distributed within populations and across groups(42) -Representatives of disadvantaged groups may help to identify target audiences for guidelines(38) 	None identified	None identified
c) Guideline group membership	<ul style="list-style-type: none"> -Include representatives of disadvantaged population groups in the guideline group(19,32,38,46) -Include representatives throughout the entire guideline development process, from selecting topics to implementation(46) -Consider creating an independent subgroup for disadvantaged populations(32) -Recruit and select individuals who understand how to take health equity, human rights, gender, and social determinants into account in efforts to promote better health(38,42) -Ensure that the chair of the voting panel is familiar with health equity(38) 	<p>Practice: Include representatives of disadvantaged population groups in the guideline group</p> <p>Advantages:(32)</p> <ul style="list-style-type: none"> -May lend a clear voice to discussions -Non-resource intensive -Representatives from professional organizations may help bring the weight of their organizations with them <p>Disadvantages:(32)</p> <ul style="list-style-type: none"> -One individual may feel pressure to represent the views of the population -A single voice may not be heard by the group -A health professional from a disadvantaged population may have extra demands, making it difficult for them to commit the time necessary for guideline development 	None identified

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	<p>-Give explicit attention to conflicts of interest that can lead to a weakened stance on equity, human rights, gender, and social determinants in the final guideline(42)</p>	<p>-Only hearing one individual perspective</p> <p>Practice: Create an independent subgroup</p> <p>Advantages:²⁴</p> <ul style="list-style-type: none"> -Safe and open environment to discuss culturally specific needs related to the guideline -May ensure more equitable participation -Outcomes may be more relevant to the community that they represent <p>Disadvantages:(32)</p> <ul style="list-style-type: none"> -Resource-intensive -No guarantee that subgroup will lead to any additional recommendations -A subgroup separate from the rest of the guideline team may appear exclusionary 	
<p>d) Stakeholder involvement</p>	<ul style="list-style-type: none"> -Create a plan to recruit, involve and support representatives of disadvantaged populations(14,19,39,40) -Consult experts in engaging representatives and stakeholders(38) -Train stakeholders in the guideline content and development process(38) -Use a structured format to facilitate active participation and feedback(38) -Supply a feedback form when writing to stakeholders(40) 	<p>Practice: Consult disadvantaged populations</p> <p>Disadvantages:</p> <ul style="list-style-type: none"> -Consultation may become tokenistic if stakeholders are unable to fully participate(38) -Additional resources, planning, and effort may be required(14,39) 	<p>None identified</p>
<p>e) Scoping questions</p>	<ul style="list-style-type: none"> -Conduct a literature review to inform the scope of the guideline and question development(32,40,43) -Create a report combining results of formal searches and stakeholder discussions(32) -Develop a logic model to assess relationships between interventions, outcomes, effect modifiers and the social determinants of health(43) -Evaluate health equity at each stage of the PICO framework(38) -Consider population subgroups who are likely to be particularly affected by changes in healthcare related to the guideline topic(38–40) -Create a key question to seek interventions that may reduce disparities in health outcomes(32,43) -Include health equity as an outcome in the PICO questions, analytic framework and SoF table(36) -Address human rights in questions and other issues related to laws, policies, standards, protocols and guidelines(42) 	<p>Practice: Conduct a literature review</p> <p>Advantages:</p> <ul style="list-style-type: none"> -Provides an opportunity to discuss equity related actions regarding previous gaps in evidence(32) <p>Disadvantages:</p> <ul style="list-style-type: none"> -Potential difficulty finding data relevant to disadvantaged populations/health equity(32) <p>Practice: Include health equity as an outcome in the PICO questions, analytic framework and SoF table</p> <p>Disadvantages:</p> <ul style="list-style-type: none"> -May need to exclude other important patient outcomes, as the recommended number of outcomes in a GRADE table is seven(36) 	<ul style="list-style-type: none"> - Kunst and Mackenbach inequality evaluation(53) -Oxman prompts to consider equity in key questions(15)

1 2 3 4 5 6 7 8 9	f) Considering the importance of outcomes and interventions, values, preferences, and utilities	-Involve representatives of disadvantaged populations to rate interventions and outcomes(36,38,39) -Search relevant databases for outcomes or interventions rated important by disadvantaged populations(38)	Practice: Involve representatives to rate interventions and outcomes Disadvantages: -It may be challenging to balance the benefits and harms for recommendations when care provider values differ from stakeholder values(39)	- Databases for information on patient views: UK DUETs and COMET(38)
10	2. Evidence Review			
11 12 13 14 15 16 17 18	a) Searching for relevant evidence	-Include non-English studies in the search strategy(38) -Use special filters for guideline questions related to specific geographic locations (e.g., LMIC)(38) -Consider including qualitative and observational studies(32,39) -Consider evidence from fields outside of health (e.g., social science, economics)(38)	None identified	-NHMRC Guidelines for Guidelines Handbook(54) -Inforit Indigenous Collection(55) -Aboriginal and Torres Strait Islander Health Bibliography(56) -The Cochrane Health Equity Checklist for Systematic Reviews(57)
19 20 21 22 23 24 25 26 27 28 29 30	b) Summarizing the evidence	-Include health equity within the PICO question as an outcome in the SoF table(36) -Present the baseline risks and risk differences for each relevant population group with supporting evidence in a SoF table(16) -Assess differences in the magnitude of effect in relative terms between disadvantaged and more advantaged populations(36) -Assess subgroup effects and the credibility of the apparent effect(36) -Lack of evidence surrounding a critical health equity outcome should not be a reason to omit from the SoF table(38)	Practice: Include health equity as an outcome in the SoF table Advantages: -Easier for guideline panels to find the information on health equity during the EtD process(36) Disadvantages: -May need to exclude other important patient outcomes, as the recommended number of outcomes in a GRADE table is seven(36)	-Checklist for assessing credibility of subgroup analyses(58) -PRISMA-Equity extension(59)
31 32 33 34 35 36 37 38	c) Quality appraisal	-Consider any potential sources of bias that may relate to disadvantaged groups because the quality appraisal of RCTs tend to be generalized across different population groups(32) -Assess indirectness of evidence using the GRADE approach to disadvantaged groups and/or settings(36,37,60) -Provide higher quality ratings for outcomes in the equity analysis under certain conditions, using the GRADE approach(43)	Practice: Consider indirectness when evaluating evidence for disadvantages groups using the GRADE approach Disadvantages: -There may be limitations in the evidence base making it difficult to assess indirectness and rate the overall certainty of evidence(36,38)	-The Cochrane Health Equity Checklist for Systematic Reviews(57)
39	3. Guideline Development			
40 41 42 43 44 45 46 47	a) Formulating recommendations	-Balance the harms and benefits of interventions for disadvantaged populations(31,37)	Practice: Develop an equity-strategy to overcome identified barriers	-Health Equity Assessment Tool(32)

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	<p>-Formulate equitable recommendations by, for example, considering barriers and facilitators of interventions(32,40,44) -Develop an “equity-strategy” that aims to overcome identified barriers for disadvantaged populations(46) -Consider the six criteria of the WHO-INTEGRATE framework that are relevant to health decision-making and the formulation of recommendations: <i>balance of health benefits and harms, human rights and sociocultural acceptability, health equity, equality and non-discrimination, societal implications, financial and economic considerations, and feasibility and health system considerations</i>(41)</p>	<p>Disadvantages: -There may not be one approach to mitigate harms on health equity due to the heterogeneity of disadvantaged populations(37)</p> <p>Practice: Consider the six criteria of the WHO-INTEGRATE framework Advantages: - A comprehensive EtD framework that key informants found value in adding the criterion assessing societal implications, as well as human rights and sociocultural acceptability, health equity, equality, and non-discrimination Disadvantages: - Key informants expressed concerns with the workload that the use of the framework might add to the guideline development process</p>	<p>- WHO-INTEGRATE framework(41)</p>
<p>b) Wording of recommendations</p>	<p>-Recommendations should be worded as clear and actionable statements with respect to equity, human rights, gender and social determinants(38,42) -Be specific when defining disadvantaged populations(38) -Use language carefully as to not further stigmatize disadvantaged populations(46)</p>	<p>None identified</p>	<p>None identified</p>
<p>c) Assessing equity within guidelines</p>	<p>-To determine how well guidelines address equity, use the INCLEN equity lens(17) - Use the EEFA framework when creating/evaluating equity in vaccine guidelines(61) - Evaluation and monitoring of the impact of recommendations that potentially affect inequities are also critically important and should be articulated in the guideline document(42)</p>	<p>Practice: Use the INCLEN equity lens to assess equity in guidelines Advantages: -Transparent and reproducible evaluation(19) -Reflects the care provider perspective(44) -Broadly applicable to many guidelines(44) -Can be used during development or retrospectively(44) Disadvantages: -Focuses on biomedical considerations and may miss population-level inequities related to broader sociocultural factors(44)</p> <p>Practice: Use the EEFA framework when creating/evaluating equity in vaccine guidelines Advantages: -Ensures that recommendations are appropriate and comprehensive. -Will help committees to balance the benefits and harms of evidence when creating recommendations.</p>	<p>-INCLEN equity lens(17) - EEFA Framework(61)</p>

d) Review and reporting	-Develop methods to ensure the rigorous and systematic reporting of evidence related to equity-based recommendations(2)	None identified	None identified
4. Dissemination			
a) Monitoring implementation and evaluating use	-Monitor the guideline impact and uptake in subgroups(31,38,43,46) -Decide on implementation strategies and indicators prior to guideline publication(43) -Use indicators that are stratified by equity factors to monitor disparities(46) or measure implementation within subgroups(38) -Obtain surveillance data to monitor relevant health outcomes or indicators ⁴¹ -Consult relevant community advisory committees and stakeholders for disadvantaged populations to obtain implementation feedback(44,47)	None identified	-GRADE-FACE(34)
b) Updating	-Consider the impact of the guideline recommendations on disadvantaged populations to help inform decisions on guideline revisions(40)	None identified	None identified

DUET: Database of Uncertainties about the Effects of Treatments; COMET: Core Outcome Measures in Effectiveness Trials; EEFA: Ethics, Equity, Feasibility, Acceptability; EtD: Evidence to decision; GRADE-FACE: GRADE Feasibility, Acceptability, Cost, and Equity Survey; INCLIN: International Clinical Epidemiology Network; LMIC: low- and middle-income countries; NHMRC: National Health and Medical Research Council; PICO: Population, Intervention, Comparator, Outcomes; PROGRESS: Place of residence, Race/ethnicity/culture/language, Occupation, Gender/sex, Religion, Education, Socioeconomic status, and Social capital; SoF: Summary of Findings

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26 PRISMA statement to equity-focused systematic reviews (PRISMA-E 2012): explanation
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34 systematic consideration of ethics, equity, feasibility, and acceptability in vaccine program
35 recommendations. *Vaccine*. 2020 Aug 10;38(36):5861–76.
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Appendix A. Completed PRESS

PRESS Guideline 2015— Search Submission & Peer Review Assessment

Reference: McGowan J, Sampson M, Salzwedel DM, Cogo E, Foerster V, Lefebvre C. PRESS Peer Review of Electronic Search Strategies: 2015 guideline statement. *J Clin Epidemiol* 2016;75:40-6. Available: [http://www.jclinepi.com/article/S0895-4356\(16\)00058-5/pdf](http://www.jclinepi.com/article/S0895-4356(16)00058-5/pdf).

Search submission: This section to be filled in by the searcher

Searcher: Becky Skidmore

Email: bskidmore@rogers.com

Date submitted: 20 Nov 2020

Date requested by: 23 Nov 2020 early AM

1. Systematic Review Title

Environmental scan of best practices for incorporating health equity in guidelines

2. This search strategy is ...

x	My PRIMARY (core) database strategy — First time submitting a strategy for search question and database
	My PRIMARY (core) strategy — Follow-up review NOT the first time submitting a strategy for search question and database. If this is a response to peer review, itemize the changes made to the review suggestions
	SECONDARY search strategy— First time submitting a strategy for search question and database
	SECONDARY search strategy — NOT the first time submitting a strategy for search question and database. If this is a response to peer review, itemize the changes made to the review suggestions

3. Database (e.g., MEDLINE, CINAHL)

[mandatory]

MEDLINE

4. Interface (e.g., Ovid, EbscoHost...)

[mandatory]

Ovid

5. Research Question (Describe the purpose of the search)

[mandatory]

The environmental scan will involve a literature search and searches for processes used by other organizations internationally.

The purpose of this objective is summarized best practices that have been described in (1) the peer reviewed literature, (2) procedures or processes from other bodies that create guidelines, and (3) the grey literature including government reports. We will summarize the findings in a narrative format and include helpful lists or figures.

6. PICO Format Outline the PICOs for your question — i.e., Patient, Intervention, Comparison, Outcome, and Study Design — as applicable

P	Guideline Processes
I / Exposure	Health Equity
C	
O	
S	

7. Inclusion Criteria (List criteria such as age groups, study designs, etc., to be included) *[optional]*

9. Exclusion Criteria (List criteria such as study designs, date limits, etc., to be excluded) **[optional]**

Exclude pre 2010

10. Was a search filter applied? No

If YES, which one(s) (e.g., Cochrane RCT filter, PubMed Clinical Queries filter)? Provide the source if this is a published filter. *[mandatory if YES to previous question — textbox]*

11. Notes or comments you feel would be useful for the peer reviewer *[optional]*

The provision of high-quality primary care is known to address inequities. We have recently recognized the importance of advancing health equity and agreed to focus efforts on health equity moving forward. This three-part proposal is to inform future work that will promote health equity.

This search is intended to be focussed for higher relevancy. The current search catches most of the records identified by the client as relevant to this topic.

12. Please copy and paste your search strategy here, exactly as run, including the number of hits per line. **[mandatory]**

Database: Ovid MEDLINE(R) ALL <1946 to October 09, 2020>

Search Strategy:

- ```

1 ((guideline? or clinical practice guideline? or CPG or CPGs or evidence-based guideline?) adj5 (deprivation* or
2 deprive or deprived or deprives or depriving or disadvantag* or disparit* or equalit* or equit* or fair or fairness*
3 or inequit* or impoverish* or inequalit* or insecurit* or marginal* or poverty or underserv* or unfair* or
4 vulnerab*)).tw,kf. (875)
5
6 2 ((guideline? or clinical practice guideline? or CPG or CPGs or evidence-based guideline? or guidance? or
7 standards or consensus* or recommendat* or practice parameter* or position statement* or policy statement*)
8 and (deprivation* or deprive or deprived or deprives or depriving or disadvantag* or disparit* or equalit* or equit*
9 or fair or fairness* or inequit* or impoverish* or inequalit* or insecurit* or marginal* or poverty or underserv* or
10 unfair* or vulnerab*)).ti,kf. (1043)
11
12 3 exp Guidelines as Topic/ (163297)

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- 4 ((guideline? or clinical practice guideline? or CPG or CPGs or evidence-based guideline?) adj5 (develop\* or establish\* or ethic\* or framework? or implement\* or method\* or organis\* or organiz\* or process\* or strateg\*)).tw,kf. (71538)
- 5 ((guideline? or clinical practice guideline? or CPG or CPGs or evidence-based guideline? or guidance? or standards or consensus\* or recommendat\* or practice parameter\* or position statement\* or policy statement\*) and (develop\* or establish\* or ethic\* or framework? or implement\* or method\* or organis\* or organiz\* or process\* or strateg\*)).ti,kf. (28149)
- 6 1 or 2 [GUIDELINE - EQUITY] (1739)
- 7 or/3-5 [GUIDELINES AS TOPIC/PROCESSES, ETC.] (232922)
- 8 6 and 7 [GUIDELINE - EQUITY - PROCESSES, ETC.] (691)
- 9 exp Animals/ not Humans/ (4742879)
- 10 8 not 9 [ANIMAL-ONLY REMOVED] (686)
- 11 (comment or editorial or news or newspaper article).pt. (1477478)
- 12 (letter not (letter not randomized controlled trial)).pt. (5309)
- 13 10 not (11 not 12) [OPINION PIECES REMOVED] (664)
- 14 limit 13 to yr="2010-current" (497)

**Peer review assessment: this section to be filled in by the reviewer**

|                            |                                                                         |                             |
|----------------------------|-------------------------------------------------------------------------|-----------------------------|
| Reviewer: Kaitryn Campbell | Email: <a href="mailto:kcamlolo668@gmail.com">kcamlolo668@gmail.com</a> | Date completed: 21 Nov 2020 |
|----------------------------|-------------------------------------------------------------------------|-----------------------------|

Do you wish to be acknowledged? (If yes, the review team will be advised to add an acknowledgement to any publications related to this work). No – unless your organization requires it  
 The suggested acknowledgement is “We thank Xxxxx Yyyyyy, MLIS, AHIP (xxxxx Health Sciences Library, University of xxxxxx) for peer review of the MEDLINE search strategy.” [please edit to indicate your name, postnomials and institutional affiliation as you would like them presented].

**1. TRANSLATION**

|                             |   |
|-----------------------------|---|
| A ---No revisions           | X |
| B --- Revision(s) suggested |   |
| C --- Revision(s) required  |   |

If “B” or “C,” please provide an explanation or example:

**2. BOOLEAN AND PROXIMITY OPERATORS**

|                             |   |
|-----------------------------|---|
| A ---No revisions           | X |
| B --- Revision(s) suggested |   |
| C --- Revision(s) required  |   |

If “B” or “C,” please provide an explanation or example:

**3. SUBJECT HEADINGS**

|                             |   |
|-----------------------------|---|
| A ---No revisions           | X |
| B --- Revision(s) suggested |   |
| C --- Revision(s) required  |   |

If “B” or “C,” please provide an explanation or example:

**4. TEXT WORD SEARCHING**

|                            |   |
|----------------------------|---|
| A ---No revisions          | X |
| B --- Revision(s)suggested |   |
| C --- Revision(s) required |   |

If "B" or "C," please provide an explanation or example:

**5. SPELLING, SYNTAX, AND LINE NUMBERS**

|                            |   |
|----------------------------|---|
| A ---No revisions          | X |
| B --- Revision(s)suggested |   |
| C --- Revision(s) required |   |

If "B" or "C," please provide an explanation or example:

**6. LIMITS AND FILTERS**

|                             |   |
|-----------------------------|---|
| A ---No revisions           | X |
| B --- Revision(s) suggested |   |
| C --- Revision(s) required  |   |

If "B" or "C," please provide an explanation or example:

**OVERALL EVALUATION** (Note: If one or more "revision required" is noted above, the response below must be "revisions required".)

|                             |   |
|-----------------------------|---|
| A ---No revisions           | X |
| B --- Revision(s) suggested |   |
| C --- Revision(s) required  |   |

Additional comments:

No errors or omissions, and no suggestions. Looks solid.



## Appendix B. Electronic search strategies

Health Equity – Guideline Processes

Final Strategies

2020 Nov 23

Ovid Multifile

Database: Embase Classic+Embase <1947 to 2020 November 20> , Ovid MEDLINE(R) ALL <1946 to November 20, 2020>

Search Strategy:

1 ((guideline? or clinical practice guideline? or CPG or CPGs or evidence-based guideline?) adj5 (deprivation\* or deprive or deprived or deprives or depriving or disadvantage\* or disparit\* or equalit\* or equit\* or fair or fairness\* or inequit\* or impoverish\* or inequalit\* or insecurit\* or marginal\* or poverty or underserv\* or unfair\* or vulnerab\*)).tw,kf. (1986)

2 ((guideline? or clinical practice guideline? or CPG or CPGs or evidence-based guideline? or guidance? or standards or consensus\* or recommendat\* or practice parameter\* or position statement\* or policy statement\*) and (deprivation\* or deprive or deprived or deprives or depriving or disadvantage\* or disparit\* or equalit\* or equit\* or fair or fairness\* or inequit\* or impoverish\* or inequalit\* or insecurit\* or marginal\* or poverty or underserv\* or unfair\* or vulnerab\*)).ti,kf. (1708)

3 exp Guidelines as Topic/ (737428)

4 ((guideline? or clinical practice guideline? or CPG or CPGs or evidence-based guideline?) adj5 (develop\* or establish\* or ethic\* or framework? or implement\* or method\* or organis\* or organiz\* or process\* or strateg\*)).tw,kf. (172902)

5 ((guideline? or clinical practice guideline? or CPG or CPGs or evidence-based guideline? or guidance? or standards or consensus\* or recommendat\* or practice parameter\* or position statement\* or policy statement\*) and (develop\* or establish\* or ethic\* or framework? or implement\* or method\* or organis\* or organiz\* or process\* or strateg\*)).ti,kf. (53504)

6 1 or 2 [GUIDELINE - EQUITY] (3344)

7 or/3-5 [GUIDELINES AS TOPIC/PROCESSES, ETC.] (868820)

8 6 and 7 [GUIDELINE - EQUITY - PROCESSES, ETC.] (1580)

9 exp Animals/ not Humans/ (18432863)

10 8 not 9 [ANIMAL-ONLY REMOVED] (1151)

11 (comment or editorial or news or newspaper article).pt. (2137328)

12 (letter not (letter not randomized controlled trial)).pt. (5352)

13 10 not (11 not 12) [OPINION PIECES REMOVED] (1125)

14 limit 13 to yr="2010-current" (800)

15 14 use medall [MEDLINE RECORDS] (475)

16 ((guideline? or clinical practice guideline? or CPG or CPGs or evidence-based guideline?) adj5 (deprivation\* or deprive or deprived or deprives or depriving or disadvantage\* or disparit\* or equalit\* or equit\* or fair or fairness\* or inequit\* or impoverish\* or inequalit\* or insecurit\* or marginal\* or poverty or underserv\* or unfair\* or vulnerab\*)).tw,kw. (2012)

17 ((guideline? or clinical practice guideline? or CPG or CPGs or evidence-based guideline? or guidance? or standards or consensus\* or recommendat\* or practice parameter\* or position statement\* or policy statement\*) and (deprivation\* or deprive or deprived or deprives or depriving or disadvantage\* or disparit\* or equalit\* or equit\* or fair or fairness\* or inequit\* or impoverish\* or inequalit\* or insecurit\* or marginal\* or poverty or underserv\* or unfair\* or vulnerab\*)).ti,kw. (2031)

18 ((guideline? or clinical practice guideline? or CPG or CPGs or evidence-based guideline?) adj5 (develop\* or establish\* or ethic\* or framework? or implement\* or method\* or organis\* or organiz\* or process\* or strateg\*)).tw,kw. (173345)

19 ((guideline? or clinical practice guideline? or CPG or CPGs or evidence-based guideline? or guidance? or standards or consensus\* or recommendat\* or practice parameter\* or position statement\* or policy statement\*) and (develop\* or establish\* or ethic\* or framework? or implement\* or method\* or organis\* or organiz\* or process\* or strateg\*)).ti,kw. (59911)

20 16 or 17 [GUIDELINE - EQUITY] (3655)

21 18 or 19 [GUIDELINES AS TOPIC/PROCESSES, ETC.] (211483)

22 20 and 21 [GUIDELINE - EQUITY - PROCESSES, ETC.] (927)

23 exp animal/ or exp animal experimentation/ or exp animal model/ or exp animal experiment/ or nonhuman/ or exp vertebrate/ (54107096)

24 exp human/ or exp human experimentation/ or exp human experiment/ (41925790)

25 23 not 24 (12183115)

26 22 not 25 [ANIMAL-ONLY REMOVED] (914)

27 editorial.pt. (1224913)  
 28 letter.pt. not (letter.pt. not randomized controlled trial/) (10844)  
 29 26 not (27 not 28) [OPINION PIECES REMOVED] (908)  
 30 limit 29 to yr="2010-current" (687) [TOTAL UNIQUE RECORDS]  
 31 30 use emczd [EMBASE RECORDS] (421)  
 32 15 or 31 [BOTH DATABASES] (896)  
 33 remove duplicates from 32 (621) [TOTAL UNIQUE RECORDS]  
 34 33 use medall [MEDLINE UNIQUE RECORDS] (474)  
 35 33 use emczd [EMBASE UNIQUE RECORDS] (147)

\*\*\*\*\*

CINAHL

| #   | Query                  | Limiters/Expanders                                                                                                                                                   | Last Run Via                                                                               | Results |
|-----|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------|
| S11 | S8 NOT S9              | Limiters - Published Date: 20100101-20201231; Exclude MEDLINE records<br>Expanders - Apply related words; Apply equivalent subjects<br>Search modes - Boolean/Phrase | Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL | 560     |
| S10 | S8 NOT S9              | Limiters - Published Date: 20100101-20201231<br>Expanders - Apply related words; Apply equivalent subjects<br>Search modes - Boolean/Phrase                          | Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL | 1,275   |
| S9  | PT editorial or letter | Limiters - Published Date: 20100101-20201231<br>Expanders - Apply related words; Apply equivalent subjects<br>Search modes - Boolean/Phrase                          | Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL | 220,872 |
| S8  | S3 AND S6              | Limiters - Published Date: 20100101-20201231<br>Expanders - Apply related words; Apply equivalent subjects<br>Search modes - Boolean/Phrase                          | Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL | 1,293   |
| S7  | S3 AND S6              | Expanders - Apply related words; Apply equivalent subjects<br>Search modes - Boolean/Phrase                                                                          | Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL | 1,683   |

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                             |                                                                                                     |        |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------|
| S6 | S4 OR S5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Expanders - Apply related words; Apply equivalent subjects<br>Search modes - Boolean/Phrase | Interface - EBSCOhost<br>Research Databases<br>Search Screen - Advanced<br>Search Database - CINAHL | 66,266 |
| S5 | TI (guideline# or "clinical practice guideline" or "clinical practice guidelines" or CPG or CPGs or "evidence-based guideline" or "evidence-based guidelines" or guidance# or standards or consensus* or recommendat* or "practice parameter" or "practice parameters" or "position statement" or "position statements" or "policy statement" or "policy statements") AND (develop* or establish* or ethic* or framework# or implement* or method* or organis* or organiz* or process* or strateg*)                                                                                                                                   | Expanders - Apply related words; Apply equivalent subjects<br>Search modes - Boolean/Phrase | Interface - EBSCOhost<br>Research Databases<br>Search Screen - Advanced<br>Search Database - CINAHL | 46,909 |
| S4 | TI ( ( guideline# or "clinical practice guideline" or "clinical practice guidelines" or CPG or CPGs or "evidence-based guideline" or "evidence-based guidelines") N5 (develop* or establish* or ethic* or framework# or implement* or method* or organis* or organiz* or process* or strateg*) ) OR AB ( ( guideline# or "clinical practice guideline" or "clinical practice guidelines" or CPG or CPGs or "evidence-based guideline" or "evidence-based guidelines") N5 (develop* or establish* or ethic* or framework# or implement* or method* or organis* or organiz* or process* or strateg*) )                                  | Expanders - Apply related words; Apply equivalent subjects<br>Search modes - Boolean/Phrase | Interface - EBSCOhost<br>Research Databases<br>Search Screen - Advanced<br>Search Database - CINAHL | 29,491 |
| S3 | S1 OR S2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Expanders - Apply related words; Apply equivalent subjects<br>Search modes - Boolean/Phrase | Interface - EBSCOhost<br>Research Databases<br>Search Screen - Advanced<br>Search Database - CINAHL | 2,489  |
| S2 | TI (guideline# or "clinical practice guideline" or "clinical practice guidelines" or CPG or CPGs or "evidence-based guideline" or "evidence-based guidelines" or guidance# or standards or consensus* or recommendat* or "practice parameter" or "practice parameters" or "position statement" or "position statements" or "policy statement" or "policy statements") AND (deprivation* or deprive or deprived or deprives or depriving or disadvantag* or disparit* or equalit* or equit* or fair or fairness* or inequit* or impoverish* or inequalit* or insecurit* or marginal* or poverty or underserv* or unfair* or vulnerab*) | Expanders - Apply related words; Apply equivalent subjects<br>Search modes - Boolean/Phrase | Interface - EBSCOhost<br>Research Databases<br>Search Screen - Advanced<br>Search Database - CINAHL | 2,175  |
| S1 | TI ( ( guideline# or "clinical practice guideline" or "clinical practice guidelines" or CPG or CPGs or "evidence-based guideline" or "evidence-based guidelines") N5 (deprivation* or deprive or deprived or deprives or depriving or disadvantag* or disparit* or equalit* or equit* or fair or fairness* or inequit* or impoverish* or inequalit* or insecurit* or marginal* or poverty or underserv* or unfair* or vulnerab*) ) OR AB ( ( guideline# or "clinical practice guideline" or "clinical practice                                                                                                                        | Expanders - Apply related words; Apply equivalent subjects<br>Search modes - Boolean/Phrase | Interface - EBSCOhost<br>Research Databases<br>Search Screen - Advanced<br>Search Database - CINAHL | 516    |

|  |                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|  | guidelines" or CPG or CPGs or "evidence-based guideline" or "evidence-based guidelines") N5 (deprivation* or deprive or deprived or deprives or depriving or disadvantag* or disparit* or equalit* or equit* or fair or fairness* or inequit* or impoverish* or inequalit* or insecurit* or marginal* or poverty or underserv* or unfair* or vulnerab* ) |  |  |  |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|

## Web of Science

- # 9 [392](#) #6 AND #3  
**Refined by: PUBLICATION YEARS:** ( 2020 OR 2019 OR 2018 OR 2017 OR 2016 OR 2015 OR 2014 OR 2013 OR 2012 OR 2011 OR 2010 ) AND [excluding] **DOCUMENT TYPES:** ( EDITORIAL MATERIAL OR LETTER OR NEWS ITEM )  
 Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI Timespan=All years
- # 8 [403](#) #6 AND #3  
**Refined by: PUBLICATION YEARS:** ( 2020 OR 2019 OR 2018 OR 2017 OR 2016 OR 2015 OR 2014 OR 2013 OR 2012 OR 2011 OR 2010 )  
 Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI Timespan=All years
- # 7 [551](#) #6 AND #3  
 Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI Timespan=All years
- # 6 [136,280](#) #5 OR #4  
 Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI Timespan=All years
- # 5 [49,731](#) **TITLE:** ((guideline or guidelines or "clinical practice guideline" or "clinical practice guidelines" or CPG or CPGs or "evidence-based guideline" or "evidence-based guidelines" or guidance\* or standards or consensus\* or recommendat\* or "practice parameter" or "practice parameters" or "position statement" or "position statements" or "policy statement" or "policy statements") AND (develop\* or establish\* or ethic\* or framework\* or implement\* or method\* or organis\* or organiz\* or process\* or strateg\* ) )  
 Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI Timespan=All years
- # 4 [98,448](#) **TOPIC:** ((guideline or guidelines or "clinical practice guideline" or "clinical practice guidelines" or CPG or CPGs or "evidence-based guideline" or "evidence-based guidelines") NEAR/5 (develop\* or establish\* or ethic\* or framework\* or implement\* or method\* or organis\* or organiz\* or process\* or strateg\* ) )  
 Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI Timespan=All years
- # 3 [3,048](#) #2 OR #1  
 Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI Timespan=All years
- # 2 [1,914](#) **TITLE:** ((guideline or guidelines or "clinical practice guideline" or "clinical practice guidelines" or CPG or CPGs or "evidence-based guideline" or "evidence-based guidelines" or guidance\* or standards or consensus\* or recommendat\* or "practice parameter" or "practice parameters" or "position statement" or "position statements" or "policy statement" or "policy statements") AND (deprivation\* or deprive or deprived or deprives or depriving or disadvantag\* or disparit\* or equalit\* or equit\* or fair or fairness\* or inequit\* or impoverish\* or inequalit\* or insecurit\* or marginal\* or poverty or underserv\* or unfair\* or vulnerab\* ) )  
 Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI Timespan=All years
- # 1 [1,409](#) **TOPIC:** ((guideline or guidelines or "clinical practice guideline" or "clinical practice guidelines" or CPG or CPGs or "evidence-based guideline" or "evidence-based guidelines") NEAR/5 (deprivation\* or deprive or deprived or deprives or depriving or disadvantag\* or disparit\* or equalit\* or equit\* or fair or fairness\* or inequit\* or impoverish\* or inequalit\* or insecurit\* or marginal\* or poverty or underserv\* or unfair\* or vulnerab\* ) )  
 Indexes=SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, ESCI Timespan=All years

### Appendix C. Grey literature website sources

Grey literature searches were conducted using relevant sections of the Canadian Agency for Drugs and Technologies in Health (CADTH) Grey Matters checklist and thorough searches of the following websites:

| Organization                                                          | Website Link                                                                                                      |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>Canada</b>                                                         |                                                                                                                   |
| <b>Regional/Provincial-level Groups</b>                               |                                                                                                                   |
| UBC's Centre for Health Services and Policy Research (CHSPR)          | <a href="https://chspr.ubc.ca/">https://chspr.ubc.ca/</a>                                                         |
| Alberta Public Health Association (APHA)                              | <a href="https://www.apha.ab.ca/">https://www.apha.ab.ca/</a>                                                     |
| Alberta Health Services                                               | <a href="https://www.albertahealthservices.ca/default.aspx">https://www.albertahealthservices.ca/default.aspx</a> |
| Saskatchewan Health Quality Council                                   | <a href="https://www.hqc.sk.ca/">https://www.hqc.sk.ca/</a>                                                       |
| Manitoba Public Health Association                                    | <a href="https://manitobapha.ca/">https://manitobapha.ca/</a>                                                     |
| Winnipeg Regional Health Authority (WRHA)                             | <a href="https://wrha.mb.ca/health-equity/reports/">https://wrha.mb.ca/health-equity/reports/</a>                 |
| Ontario Ministry of Health and LTC                                    | <a href="http://health.gov.on.ca/en/">http://health.gov.on.ca/en/</a>                                             |
| Ontario Public Health Association (OPHA)                              | <a href="https://opha.on.ca/Home.aspx">https://opha.on.ca/Home.aspx</a>                                           |
| Public Health Ontario (PHO)                                           | <a href="https://www.publichealthontario.ca/">https://www.publichealthontario.ca/</a>                             |
| Wellesley Institute                                                   | <a href="https://www.wellesleyinstitute.com/">https://www.wellesleyinstitute.com/</a>                             |
| Institut national de santé publique du Québec                         | <a href="https://www.inspq.qc.ca/">https://www.inspq.qc.ca/</a>                                                   |
| Quebec Population Health Research Network                             | <a href="https://santepop.qc.ca/en">https://santepop.qc.ca/en</a>                                                 |
| Newfoundland & Labrador Centre For Applied Health Research            | <a href="https://www.nlcahr.mun.ca/">https://www.nlcahr.mun.ca/</a>                                               |
| Public Health Association of Nova Scotia (PHANS)                      | <a href="https://www.phans.ca/">https://www.phans.ca/</a>                                                         |
| <b>National-level Groups</b>                                          |                                                                                                                   |
| Association of Local Public Health Agencies (alPHA)                   | <a href="https://www.alphaweb.org/">https://www.alphaweb.org/</a>                                                 |
| Canadian Association for Health Services and Policy Research (CAHSPR) | <a href="https://cahspr.ca/#home">https://cahspr.ca/#home</a>                                                     |
| Canadian Cancer Society                                               | <a href="https://www.cancer.ca/en/?region=on">https://www.cancer.ca/en/?region=on</a>                             |
| Canadian Institute for Health Information (CIHI)                      | <a href="https://www.cihi.ca/en">https://www.cihi.ca/en</a>                                                       |
| Canadian Public Health Association (CPHA)                             | <a href="https://www.cpha.ca/">https://www.cpha.ca/</a>                                                           |
| The Conference Board of Canada                                        | <a href="https://www.conferenceboard.ca/">https://www.conferenceboard.ca/</a>                                     |
| National Collaborating Centre for Environmental Health (NCCEH)        | <a href="https://ncceh.ca/">https://ncceh.ca/</a>                                                                 |
| <b>International Groups</b>                                           |                                                                                                                   |
| <b>International Organizations</b>                                    |                                                                                                                   |
| Campbell Collaboration                                                | <a href="https://campbellcollaboration.org">https://campbellcollaboration.org</a>                                 |
| Cochrane Methods Equity/ Cochrane                                     | <a href="https://methods.cochrane.org/equity/">https://methods.cochrane.org/equity/</a>                           |
| European Centre for Disease Prevention and Control                    | <a href="https://www.ecdc.europa.eu/en">https://www.ecdc.europa.eu/en</a>                                         |
| European Commission Public Health Guidelines International Network    | <a href="https://ec.europa.eu/health/home_en">https://ec.europa.eu/health/home_en</a>                             |
| Guidelines International Network                                      | <a href="https://g-i-n.net/home">https://g-i-n.net/home</a>                                                       |
| Pan American Health Organization (PAHO)                               | <a href="https://www.paho.org/en">https://www.paho.org/en</a>                                                     |

## List of excluded full-text studies with reasons

### a. Does not address guideline development (n=99)

1. Arnett, D. K. et al. 2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Circulation* 140, e596–e646.
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**b. Does not address health equity (n=19)**

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**c. Ineligible study design (n=16)**

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