

‘Consideration of Equity, Diversity, and Inclusion (EDI) in systematic reviews, findings of a SWAR’?

Alyson Huntley



Content of talk

- Methodological work within reviews and Study Within A Review (SWAR)
- **Heart failure And Participation in Physical activityY HAPPY study**
- **Equality, Diversity and Inclusive Thinking (EDIT) study**

Methodological work within reviews

REVIEW PAPER

Methodological exemplar of integrating quantitative and qualitative evidence – supportive care for men with prostate cancer: what are the most important components?

Alyson L. Huntley, Anna J.L. King, Theresa H.M. Moore, Charlotte Paterson, Raj Persad, Debbie Sharp & Maggie Evans

Accepted for publication 29 June 2016


Correspondence to A.L. Huntley:
e-mail: alyson.huntley@bristol.ac.uk

Alyson L. Huntley PhD
Research Fellow

HUNTLEY A.L., KING A.J.L., MOORE T.H.M., PATERSON C., PERSAD R., SHARP D. & EVANS M. (2017) Methodological exemplar of integrating quantitative and qualitative evidence – supportive care for men with prostate cancer: what are the most important components?. *Journal of Advanced Nursing* 73(1), 1–11. doi:10.1111/jan.13200

Review Article

Determining when a hospital admission of an older person can be avoided in a subacute setting: a systematic review and concept analysis

Alyson L. Huntley¹ , Ben Davies², Nigel Jones³, James Rooney⁴, Peter Goyder⁵, Sarah Purdy⁶ and Helen Baxter⁷

Huntley et al. *BMC Health Services Research* (2020) 20:1085
<https://doi.org/10.1186/s12913-020-05931-x>

BMC Health Services Research

RESEARCH ARTICLE

Open Access

Help seeking by male victims of domestic violence and abuse: an example of an integrated mixed methods synthesis of systematic review evidence defining methodological terms



Alyson L. Huntley^{1*} , Eszter Szilassy¹, Lucy Potter¹, Alice Malpass¹, Emma Williamson² and Gene Feder¹

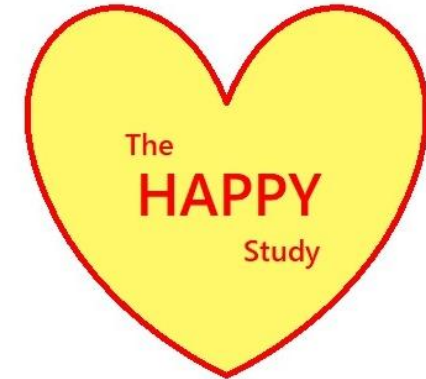
Journal of Health Services Research & Policy
2020, Vol. 25(4) 252–264
© The Author(s) 2019
Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/1355819619886885
journals.sagepub.com/home/hsr


How can people with heart failure support themselves in physical activity?

Award ID: NIHR203155

Principal investigator: **Alyson Huntley**

Rachel Johnson, **Lorna Duncan, Shoba Dawson**, Rosie Essery, Justine Baird, Emily Whight, Karen Butcher, Yasmin Ismail.



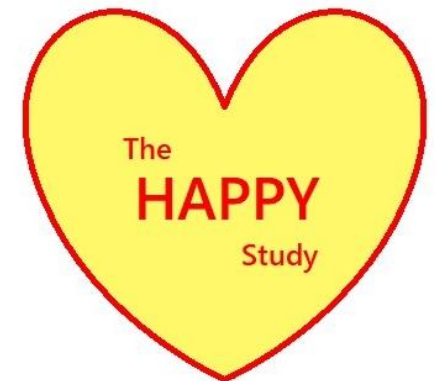
Contracting Organisation: Bristol, North Somerset, and South Gloucestershire ICB

The HAPPY Study- Heart failure And Participation in Physical activity

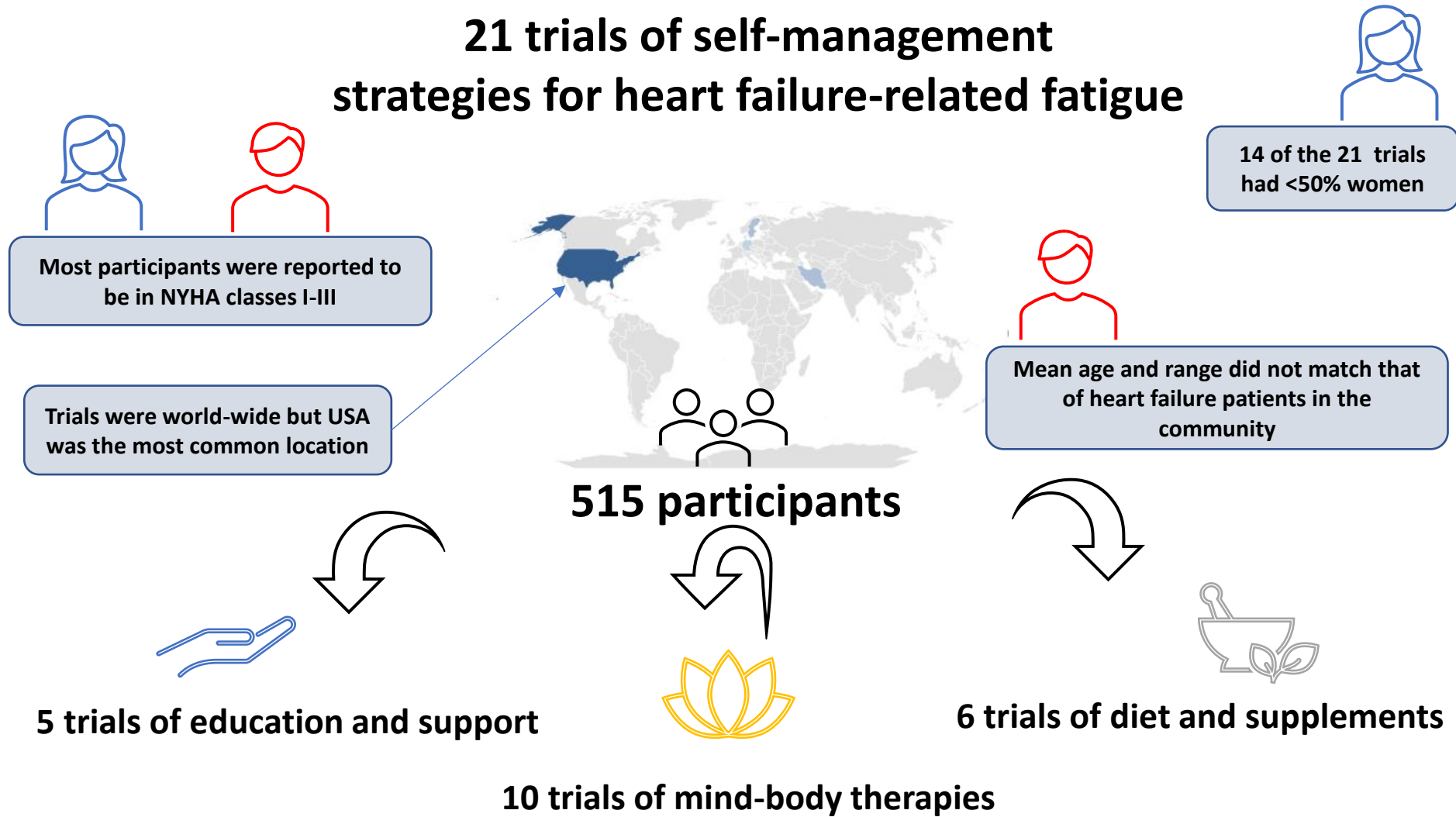
A **systematic review** of qualitative studies describing the experiences, beliefs and behaviours of people with heart failure in relation to physical activity, using the [PROSPERO protocol 2022](#)

Review of physical activity advice from heart failure charities

Consultation with stakeholders to identify current services and future priorities, using a person-based approach to develop guiding principles and a **logic model** to explain the main problems people with heart failure have with physical activity, the things that encourage and discourage them, and ways to help them to safely do more physical activity.



21 trials of self-management strategies for heart failure-related fatigue



Risk of bias assessment indicated no significant issues, although some trials lacked information



There is positive evidence for alleviating fatigue with education, a person-centred approach, CBT, mindfulness, and some supplements, but it is limited to individual, small trials.



Further well-designed trials are needed which reflect the characteristics of the heart failure population.



EDIT (EDI Thinking) study

Aim: to use and compare the usefulness of two EDI tools in the conduct of the HAPPY systematic review.

- The **PROGRESS plus tool** [DOI: 10.1016/j.jclinepi.2013.08.005]
- Tool developed at Leicester University
<https://ethnichealthresearch.org.uk/equality-impact-assessment>



This SWAR was
registered with the
**NIHR SWAT-
SWAR Research
Team**

based at the Northern
Ireland Network for
Trials Methodology
Research
at Queen's University
Belfast.

Aim: to use and compare the usefulness of two EDI tools in the conduct of the HAPPY study systematic review

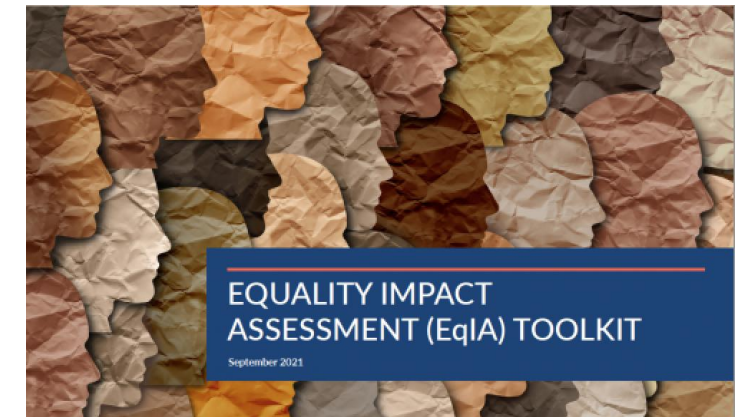


PROGRESS-Plus

PROGRESS-Plus is an acronym used to identify characteristics that stratify health opportunities and outcomes.

- **PROGRESS** refers to:

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



Overall methods:

- 1) Used both these tools in our review
- 2) Qualitative framework to record our process, experiences and opinions

Funded by the
**Elizabeth Blackwell
Institute
and Wellcome Trust
Institutional Strategic
Support Fund Awards**

Methods- PROGRESS-PLUS

	B	C	D	Q	R	S	T	U	V	W	X	Y	Z	AA
	Title	Author	Year	PROGRESS elements							PROGRESS PLUS elements			
				Place of residence (see also JBI, location box)	Race, ethnicity, culture and language	Occupation	Gender (G) and sex (S), % female (only sex given though may have been termed gender)	Religion	Education	Socioeconomic status	Social capital	Personal characteristics associated with discrimination (e.g. disability) [Age reported in JBI box]	Features of relationships (e.g. smoking parents, excluded from school)	Time-dependent relationships (e.g. leaving the hospital, respite care, other instances where a person may be temporarily at a disadvantage)
1	Motivators and barriers for participation in aquatic and land-based exercise training programs for people with stable heart failure: A mixed methods approach	Julie A Adsett, Norman R Morris, Suzanne S Kuys, Jennifer D Paratz, Alison M Mudge	2019	Not reported (see also 'location' column)	Not reported. However, in limitations: "Participants were predominantly an older Australian population, the majority of whom had HF with reduced ejection fraction and NYHA class II	Not reported (some will be below retirement age)	S: 43% [INT]: 28% [CON]; gender not reported	Not reported	Not reported	Not reported	Not reported	See 'age' box; nothing further reported. The study reported co-morbidities in participant characteristics - suggestion in results that people may have had resp. issues with	Not reported	Not reported

SECTION A – TO BE COMPLETED PRIOR TO COMMENCING YOUR SYSTEMATIC REVIEW

- 1. Brief description of the Systematic Review**
- 2. Identify who – from the Protected Characteristic groupings or other relevant underserved or disadvantaged communities – will (or may) be affected and how - age, disability , gender reassignment, marriage and civil partnership, pregnancy and maternity , race, religion or belief, sex, sexual orientation, other**
- 3. Provide a summary of the main equality considerations**

SECTION B – TO BE COMPLETED AFTER FINISHING YOUR SYSTEMATIC REVIEW

- 4. Provide a summary of the main equality issues identified in your Systematic Review and how this Review will (or may) then affect or impact upon equality**
- 5. Use the Equality Summary to record the issues identified in Question 4 and any recommendations for action to address them**

Results

We used qualitative framework approach to compare and evaluate the two tools.

**Appendix 3: Study Within A Review (SWAR)-
Comparison of the Equality Impact Assessment (EqIA) vs. Progress Plus tool.**

Tool	Process	Experience of research team prior to review	Experience of research team post review
Leicester tool - Equality Impact Assessment (EqIA)	We followed (EqIA) guidance using standardised forms and pre described protected characteristics. Prior to the conduct of the review, we summarised the rationale and aims of the review and considered equality issues broadly with heart failure and more specifically the impact of equality with heart failure and physical exercise. We discussed within core team, whole research team and our PPI group	Team agreed it was important to consider equality issues prior to conducting a review. Team were unsure if EqIA form was intended to be used prior to designing a review or prior to conducting a review. Team felt EQIA form would be better when designing a systematic review. Team felt was difficult to consider if protected characteristics had general equality implications for people with heart failure or any chronic disease. Team felt it was difficult to relate some of the protected characteristics to the specific topic of physical activity and heart failure. Team worked on their current knowledge on heart failure and related research, with limited extra searching for further information.	Team agreed that the EqIA increased awareness of inclusivity issues with heart failure population and its research but was less valuable in assessing the content of the studies that we included within our systematic review. This awareness prompt our discussions with our stakeholders e.g. clinical staff PPI and charity representatives to have inclusivity content. This awareness prompted us to look at extra material for the Logic model namely online charity content with an equality angle.
Progress-Plus			
	Process	Experience of research team prior to review	Experience of research team post review
	The Progress plus tool is a list of items to include in a data extraction – with definitions as appropriate to allow discussion of these issues. LD initially incorporated these into the general data extraction table of the review. Some of the items were information we would routinely include so the core team (LD, ALH, SD) discussed this, and we organised items so that they were not repeated. LD and SD performed the data extraction	Team felt that Progress-Plus items were comprehensive – 11 unique items added to data extraction table. There was some overlap with general data extraction items. The progress-plus items were more challenging to interpret e.g., personal characteristics associated with discrimination. Team felt that a lot of the items were likely not to be reported especially as this was a review of qualitative studies	Easy to complete as part of the data extraction form - integral to the review. Information was not always easy to find – indeed information was often not in paper. Some items were rarely found – religion, occupation, and social capital. Items more commonly reported were age, gender place of residence
Input from PPI prior to review		Input from PPI post review	
PPI members were asked <i>'Do you think any of the factors in this table have affected the care you have received for your heart failure, particularly thinking about physical activity advice and provision?'</i> Two responses: 1) Focused on feeling lucky to having access to rehab/exercise services post diagnosis. 2) Lack of exercise/rehab support due to community -driven diagnosis of heart failure, as opposed to a heart attack		As part of discussion of review and the logic model these issues emerged. 1) Social disadvantage –the importance of having a spouse/carer and a supportive network around you. Most of our PPI had this but not all – puts you at a disadvantage. Part of a more general discussion of the burden on carers and the advantages of friend/family supportive network .2) Socio-economic factors – came from a discussion around paying for a medical assessment and therefore being able to attend a public gym. 3) educational factors – having confidence to discuss with GP ways of getting into local gym with a heart failure diagnosis.	



Team considerations

Before

After

- Progress-Plus items were **comprehensive** – 11 unique items added to data extraction table. There was some overlap with general data extraction items.
 - Some items were more **challenging** to interpret e.g., personal characteristics associated with discrimination.
 - Team felt that **a lot of the items were likely not to be reported** especially as this was a review of qualitative studies
- **Easy to complete** as part of the data extraction form - integral to the review.
 - **Information was not always easy to find/or absent**
 - **Some items were rarely found** e.g religion, occupation, and social capital.
 - Items more commonly reported were age, gender place of residence



Team considerations

Before

After

Important to consider equality issues prior to conducting a review.

Uncertainty if it intended to be used prior to designing a review or prior to conducting a review. Team felt EQIA form would be better when designing a systematic review.

Difficult to consider

A) if protected characteristics had general equality implications for people with heart failure or any chronic disease.

B) to relate some of the protected characteristics to the specific topic of physical activity and heart failure.

Team worked on their current knowledge on heart failure and related research, with limited extra searching for further information.

The EqIA **increased awareness of inclusivity issues** with heart failure population and its research but was **less valuable in assessing the content of the studies** that we included within our systematic review.

This awareness **prompted our discussions with our stakeholders to have inclusivity content**. e.g. clinical staff PPI and charity representatives

This awareness **prompted us to look at extra material for the Logic model** namely online charity content with an equality angle.

PPI members

Before

PPI members were asked '***Do you think any of the factors in this table have affected the care you have received for your heart failure, particularly thinking about physical activity advice and provision?*** Two responses

- 1) Focused on feeling lucky to having access to rehab/exercise services post diagnosis
- 2) Lack of exercise/rehab support due to community-driven diagnosis of heart failure, as opposed to a heart attack

After

As part of discussion of review and the logic model these issues emerged.

- 1) **Social disadvantage**-importance of having a spouse/carer and a supportive network around you.
- 2) **Socio-economic factors**—came from a discussion around paying for a medical assessment and therefore being able to attend a public gym.
- 3) **Educational factors** – having confidence to discuss with GP ways of getting into local gym with a heart failure diagnosis



Conclusion

- The PROGRESS-PLUS and EqlA tools are both useful in terms of Equality, Diversity and Inclusion (EDI) considerations in conducting a systematic review.
- The PROGRESS-PLUS is an applied systematic review reporting tool for EDI characteristics.
- The EqlA is a broader, reflective tool which aids planning a systematic review and collaborator discussion.
- EDI reporting within systematic reviews has significant limitations as reporting can only be as good as the included primary health care research reports.

References

1. CONSIDERATION OF EQUALITY, DIVERSITY, AND INCLUSION IN SYSTEMATIC REVIEWS OF HEALTH CARE Huntley AL 2025 Accessed at [https://research-information.bris.ac.uk/ws/portalfiles/portal/445932763/CONSIDERATION OF EQUALITY DIVERSITY AND INCLUSION IN SYSTEMATIC REVIEWS OF HEALTH CARE- AL Huntley 18.02.25.pdf](https://research-information.bris.ac.uk/ws/portalfiles/portal/445932763/CONSIDERATION_OF_EQUALITY_DIVERSITY_AND_INCLUSION_IN_SYSTEMATIC_REVIEWS_OF_HEALTH_CARE-AL_Huntley_18.02.25.pdf)
2. Duncan L, Essery R, Dawson S, Ismail Y, Baird J, Butcher K, Whight E, Johnson R, Huntley AL. What are the experiences of people with heart failure regarding participation in physical activity? A systematic review, meta-aggregation and development of a logic model. BMJ Open. 2025 Apr 5;15(4):e092457. doi: 10.1136/bmjopen-2024-092457.
3. Leicester tool <https://ethnichealthresearch.org.uk/equality-impact-assessment/>
4. O'Neill J, Tabish H, Welch V, Petticrew M, Pottie K, Clarke M, Evans T, Pardo Pardo J, Waters E, White H, Tugwell P. [Applying an equity lens to interventions: using PROGRESS ensures consideration of socially stratifying factors to illuminate inequities in health](#). Journal of Clinical Epidemiology. 2014, 67 (1), pg. 56-64. doi:10.1016/j.jclinepi.2013.08.005
7. NEW ! PRO-EDI <https://www.trialforge.org/trial-diversity/pro-edi/>

Points for discussion



**To SWAR or
not to SWAR ?**



**EDIT in evidence synthesis
Reporting
or Researching ?**

Alyson.Huntley@bristol.ac.uk