

How health equity characteristics were reported in Chinese clinical practice guidelines

Xiaoqin Wang 1,2,3, Yaolong Chen 1,2, Lixin Ke 1, Xufei Luo 1,2, Liang Yao 5, Kehu Yang 1,2, Vivian Welch 6

1. Evidence-based Medicine Centre, School of Basic Medical Sciences, Lanzhou University, Lanzhou, China;
2. WHO Collaborating Centre for Guideline Implementation and Knowledge Translation, Lanzhou, China;
3. Centre of Implementation Research, Ottawa Hospital Research Institute, Ottawa, Canada;
4. Clinical Division, School of Chinese Medicine, Hong Kong Baptist University;
5. Bruyère Research Institute, Bruyère Continuing Care and University of Ottawa, Ottawa, Ontario, Canada;

Relevance to patients and consumers

Promoting health equity reflects a concern and value for distributive justice for health and health care which will directly affect patients and the public, while clinical practice guidelines are developed to assist decisions about appropriate healthcare for patients, of which developers need to consider whether the interventions or any other management options are available (and sufficiently cost-effective) for disadvantaged populations. To reasonably consider relevant aspects in clinical practice guidelines can contribute to advancing health equity for patients.

Health equity is widely recognized as relevant to clinical/public health practice and health policy. The PROGRESS-Plus (Place of residence, Race/ethnicity/culture/language, Occupation, Gender/sex, Religion, Education, Socioeconomic status, or Social capital **plus** additional characteristics such as age, disability and sexual orientation) framework is endorsed by the Campbell and Cochrane Equity Methods Group and has been recommended as a tool for the development of practice guidelines. Guideline panels need to decide which populations are disadvantaged in relation to the topic or problem using the PROGRESS-Plus framework.

Background

To consider equity issues in clinical practice guidelines (CPGs) development and implementation has become increasingly important, although incorporating equity into guidelines remains a challenge. The number of Chinese CPGs rises quickly by year, while no study has examined how these guidelines considered health equity when forming recommendations.

Objectives

To investigate how health equity issue was reported in recommendations from Chinese CPGs.

Methods

With terms “指南” and “指引”, we searched CNKI, WanFang Data and CBM from January 1, 2016 to February 1, 2018, and collected Chinese CPGs published in 2016 and 2017. Two independent reviewers finished the title and abstract and full text screening, then assessed and abstracted all the guidelines with a predefined data form and criteria. The consensus on results from screening, assessment, and data abstraction process were reached between the two reviewers. We investigated the information about the PROGRESS-Plus factors reported in recommendations, and data of the reporting characteristics was summarized as frequency and percentage.

Results

A total of 17096 records were identified, from which 108 (73 in 2016 and 35 in 2017) CPGs were included after screening. 65 (60.2%) CPGs reported one or more (one in 54 guidelines, two in 7, and three in 4) PROGRESS-Plus factors in their recommendations, and the reporting of PROGRESS Plus factors was as follows: Place of residence (2, 1.9%), including economy underdeveloped regions and locations with limited access to the intervention; Race/ethnicity/culture/language (2, 1.9%), and both only mentioned language; Occupation (2, 1.9%); gender/sex (9, 8.3%); religion (0); education (2,1.9%); socioeconomic position (2, 1.9%); and social capital (0). For Plus factors, only personal characteristics associated with discrimination, like age (60, 56%) and disability (1, 0.9%) were noted.

Conclusions

More than half of Chinese CPGs published in the 2016 and 2017 reported some factors according to PROGRESS-Plus, while only 11.1% mentioned two or three factors. Age was the most commonly reported factor in recommendations (56%); all other factors were mentioned in less than 10% of recommendations. These could to some degree, reflect the gaps concerning the reporting and awareness of equity issue and the PROGRESS-Plus framework among Chinese guideline developers.