

Protocol: Scoping review of equity in the health needs and service coverage of older people

Christopher Carroll, Andrew Booth, Katie Sworn, Sarah Salway, Peter Bath, Aki Tsuchiya, Michelle Maden

BRIEF BACKGROUND

The global community is advancing the Sustainable Development Goals and target of the progressive realization of universal health coverage (UHC) by 2030. As such, many countries face the challenge of measuring and monitoring their progress in a way that is appropriate to the context of population ageing. At present, 'age' is described by a limited range of services covered. Age disaggregation may be done by socioeconomic status. However, the diverse care needs of older people, and the complex barriers they face in receiving effective care require more attention and better measurement. The needs of older people need to be considered, including variations in diverse needs, as well as the differences in need among older people and other age groups.

The proposed project is therefore a scoping review of the conceptual and theoretical literature to present the evidence on the potential factors affecting equity in health needs and service coverage for older people, which could be included in a country monitoring strategy for UHC in the context of population ageing..

There will be continual consultation with the WHO, including staff from the Kobe Centre, Geneva Headquarters and Regional Offices, to ensure that the scope and work always complies with their requirements and is sensitive to their priorities. This will ensure that the work retains a global perspective and relevance.

REVIEW QUESTION

How is equity in health needs and service coverage for older people conceptualised in the literature?

METHODS

Inclusion and exclusion criteria: Eligible studies in the review are likely to conceptualise 1) equity of older people's health needs; 2) equity of health service coverage generally, within which older people will represent one of a number of relevant groups, including those shaped by gender, income, education, race or ethnicity. For this reason, the inclusion criteria for 2) will not limit this review only to studies relating specifically to older people (aged 50 years or older, as 'old age' is highly context and country specific), but will incorporate wider populations that include this group. The inclusion criteria can be conceptualised according to a strategy for identifying frameworks and theories (BeHeMoTH) (Booth & Carroll, 2015).

- *Behaviour of Interest:* Conceptualisation of terms and factors that should be measured in any assessment of equity/disparity of service coverage for older people (compared to others and within this group).
- *Health context:* Any country, any service, any condition.
- *Exclusions:* Conceptualisations of equity exploring health outcomes only; quantitative studies measuring equity of access.
- *Models & Theories:* Any relevant framework, model or theories.

There will be no search limitations of date or language. Full details of the key elements of the criteria have been specified below using a modified version of the PICOS framework.

To be included, a publication must satisfy all of the inclusion criteria.

Inclusion criteria		Further details	Exclusion criteria
Population	Older people	There must be a reference to older people, aged 50 years or more	No reference to age or older people
Intervention	Equity	Must use one of the following terms, or similar, equity, inequity equality or inequality, disparity or mention differential in relation to the outcome	No reference to any of the included terms or their concepts in relation to the Outcome
Comparator	All age groups	Within older people as a group, and with other age groups (intersectionality)	No reference to age or older people
Outcome	Service coverage or Health Needs	Must make reference to access to, use of, need of (health needs) and eligibility for health services, following the WHO definition , health care, or resource utilisation.	Only mentions health, health status or health outcomes, e.g. mortality, life expectancy, wellbeing, quality of life
Perspective	Demand or Supply	Users or providers (health system, structures, resources)	Providers (front line services), e.g. nursing staff
Study design	Conceptualisations	Reviews and theoretical papers, reviewing or developing models, frameworks or conceptualisations, including the development of frameworks/theories from data analysis (as a result of the analysis)	Studies only of empirical research and secondary data analysis (of factors influencing / predicting disparity in service coverage or use) that do not develop a theory or framework

Information sources: The review will draw upon the widest international diversity of databases to identify relevant published and unpublished (grey) literature: CINAHL (Ovid); MEDLINE (Ovid); PsycINFO (Ovid); Social Science Citation Index (SSCI) (Web of Science); Global Index Medicus, BIREME, LILACs, and SCIELO. We will also draw upon the Cochrane EPOC list of LMIC database sources to select other databases.

To identify additional potential references:

- Reference lists of all included articles (and any relevant reviews) will be checked;
- A citation search will be performed on Google Scholar and SSCI for each included article;
- The Related Article function on PubMed and the CoCites database will both also be checked for each included article

Search: We will tailor search strategies for each database. The search will combine thesaurus and free-

text terms for models/frameworks/theories, older people, equity/disparity and coverage/utilisation/access/need. The proposed / example search strategy appears below (Appendix 1). The final searches will be constructed and run by AB, a highly experienced information specialist, in consultation with the funder and project team, and reference management will be performed by AB. We will use Publish or Perish software to interrogate Google Scholar and Microsoft Academic Search for grey literature. The final search strategy and use of a modified, validated filter for equity will be agreed in partnership with WHO. Experts will also be approached to help identify relevant theories, models and frameworks (e.g. WHO, Cochrane Equity Methods Group).

Selection of sources of evidence: Two reviewers (KS, CC) will independently screen 10% of the sample of the titles and abstracts of citations retrieved by the searches and compare results to ensure accuracy and clarity of the application of the inclusion criteria. Two reviewers (KS, CC) will then each screen 50% of the remaining titles and abstracts to identify articles that satisfy the inclusion criteria (above). Full texts of all potentially relevant citations will be retrieved. Two reviewers will independently make a judgement on inclusion of the full papers (CC, AB); disagreements will be resolved by discussion and, if necessary, consultation with a third team member (SS).

The process will involve identifying and grouping reviews / conceptualisations that:

1. Satisfy all of the criteria;
2. Satisfy all criteria but only mention age as a factor, rather than 'older people' specifically;
3. Satisfy all criteria except relating to 'age' or 'older people' (to be used exclusively for citation searching, in the event a more relevant model has cited it).

If we identify sufficient papers in category 1. (e.g. 10-15), then papers in categories 2 and 3 will be listed as supplementary material, but of potential relevance.

If we fail to identify sufficient papers in category 1. (e.g. less than 10), then we include the category 2 papers. Papers in categories 3 will be listed as supplementary material, but of potential relevance.

Data items and Data charting process: We will import all records identified into one EndNote database and remove duplicates. A data extraction form will be developed and piloted on three studies by two reviewers (KS, CC). Revisions will be made as required, in the event of problems with accuracy of interpretation or the demands of the included studies.

We will record: first study author; date of publication; language; country of study; setting (public, private); definitions of the key concepts of equity, access, need and coverage; each theory or framework's listed domains – and their definitions, if provided - of factors affecting equity of service coverage (and that need to be measured).

All data charting will be conducted independently by two reviewers (KS,CC) and any inconsistencies will be resolved by discussion and, if necessary, consultation with a third reviewer (AB).

Critical appraisal: Unlike conventional systematic review, scoping reviews do not necessarily include appraisal of included evidence. However, it can usefully include a process of systematically examining research evidence to assess its validity, results, and relevance. In this case, there is no appropriate tool for an evaluation of frameworks, concepts or models. Consequently, critical appraisal will consist of a structured critique of the approaches to conceptualisation, such as the evidential and theoretical basis of each included model or framework. The output will summarise the strengths and weaknesses of all approaches used.

Synthesis of results: The principle of synthesis in scoping review is the collation, summary and report of the results (Arksey & O'Malley, 2005). In this case, a meta-framework will be produced based on how equity in service coverage has been conceptualised, i.e. what is meant by equity, access and need, and what should be taken into account in any measurement. The reported individual elements of each model or theory will be tabulated, e.g., gender, age, income, education, race and ethnicity [including

migrant/minority status], level and type of need and patient preferences. Common and distinct elements between different conceptualisations will be identified, and a meta-framework representing *all* potentially relevant factors will be produced. The result will be a meta-framework summary of how measurement of equity in service coverage has been conceptualised, i.e. what should be measured and why. In the event that there are at least 10-15 models, frameworks or theories that are older-age specific, then the more general conceptualisations (in which [older] age is only a factor) can be noted and listed, but not synthesised. The face validity of the draft meta-framework will be assessed by topic experts within the research team (SS, PB, AT, MM).

A rapid framework synthesis will then be conducted to determine how far the findings of the new conceptual framework might be integrated with existing, relevant policy frameworks. The implications for policy can therefore be assessed. This will form the basis of the policy brief.

Japanese collaboration

A ‘mirror’ review and synthesis, following this protocol and guided by the UK team, will also be undertaken for the Japanese literature by a team at Osaka University, led by Professor Hiroyasu Iso. The findings of each team will be shared at the end of key stages. The reviews will stand alone, but a final synthesis will also be undertaken by the UK team to integrate the findings from the Japanese review and synthesis.

Findings: This scoping review will therefore describe:

- What *should* be measured when looking at equity of service coverage both for and among older people based on the conceptual and theoretical literature.

DELIVERABLES

1. An initial 1-page project brief that describes the background, goals, methods and expected outputs, for publication on the WKC website.
2. Research protocol
3. Interim project report: results of the search and screening process
4. Interim project report: summary of draft meta-framework
5. Draft journal manuscript and project brief

TIMELINE (Based on a start date of 6th April 2020)

Month (2020)	Task
April	-Complete initial project brief for WKC website (Deliverable #1) by 10 April -Complete scoping of synthesis and protocol with: -WHO Kobe Centre, including other WHO colleagues -Research team meeting 1
May	-Research protocol produced and published on Figshare (Deliverable #2) by 15 May -Search -Study selection: Identifying sources of evidence
June	-Submit interim project report summarising included studies (Deliverable #3) by 15 June -Data items and Data Charting process

July	-Scoping synthesis (creating the meta-framework) -Submit interim project report summarising meta-framework (Deliverable #4) by 31 July -Research team meeting 2 (including face validity check of meta- framework)
August	-Complete synthesis: Strengths and weaknesses (including possible gaps) in the conceptualisation of equity in service coverage for older people
September	-Submit final technical paper, draft policy brief, and final/updated project brief for WKC website, and financial report (Deliverable #5) by 30 September

Contact details for further information: Dr Christopher Carroll: c.carroll@sheffield.ac.uk

Anticipated or actual start date: 06/04/2020

Anticipated completion date: 30/09/2020

Appendix 1: Example proposed search strategy PubMed MEDLINE

	Search strategy
#1	(equit*[tw] or inequit*[tw] or inequalit*[tw] or disparit*[tw] or equality[tw] OR equalities[tw])
#2	AND (Health Services Accessibility/ OR “healthcare access*” OR “health care access*” OR Health Status Disparities/ Healthcare Disparities/ OR “health coverage” OR “health service coverage” OR “health service use” OR “health services use” OR Health Services Needs and Demand/ OR “unmet need*” OR “unmet health needs” OR “unmet healthcare needs” OR “medical need*” OR “needs assessment” OR underserved)
#3	AND (Theor* OR Model* OR Concept* OR Framework*)
#4	#1 AND #2 AND # 3
#5	(Age Factors/ OR Aged/ OR aged[TIAB] OR geriatric*[TIAB] OR geriatrics[MESH] OR elder*[TIAB] OR old*[TIAB] OR ageing[TIAB] OR aging[TIAB] OR aging[MESH] OR "frail elderly"[MESH])
#6	(CHILD AND (Age Factors/ OR Aged/ OR aged[TIAB] OR old*[TiAB])) (Child records)
#7	#5 AND #6 (Child and non-child records)
#8	#5 NOT #7 (NOT <u>Child only</u> records)
#9	#4 AND #8