

2024

CASE STUDY:

KTEA- Actioning Equity in the IKT 2.0 Partnership

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DESCRIPTION OF THE CASE AND RECOMMENDATIONS

CONTEXT

This project is imbued with a commitment to health equity, developed in partnership with a community organisation dedicated to addressing health disparities. The necessity of this research is informed by recent scholarship and the infection of evidence into practice from the bottom-up. Our work documents how equity-focused research can inform policy decisions which directly affect marginalised populations. By synthesising findings from equity studies, we ensure that the strategies developed branch from empirical research and the lived experiences of those most vulnerable populations. This collaboration ought to bridge the gap between theoretical paradigms and community-driven action in delivering equitable access, outcomes, and healthcare.

WHAT IS THE EQUITY CHALLENGE?

The challenge of equity arises from the lack of evidence on disadvantaged groups and insufficient transparency in reporting baseline risk estimates, which hinders the development of fair guidelines. Systematic reviews frequently fail to adequately address health equity, particularly due to missing population-specific data and subgroup analyses. Balancing community knowledge with evidence-based policymaking further complicates efforts to achieve fair outcomes. Additionally, gaps in equity-related guidance, particularly around managing conflicts of interest, underscore the need for developers to account for broader systemic health and social inequities during implementation. It is essential for guideline panels to acknowledge these evidence limitations, especially when making recommendations for vulnerable populations, and to communicate how research applies to disadvantaged groups. Tackling these challenges is vital to prevent clinical practice guidelines from exacerbating health disparities and to ensure fairness throughout the guideline development process.

WHAT WAS THE EQUITY RESPONSE?

In response to the equity challenge, our group utilized the Knowledge-to-Action Framework to guide in the development of two lists of strategies that can be used during the research process. With the Integrated Knowledge Translation (IKT) Guiding Principles in mind, the strategy lists are comprised of approaches, frameworks and recommendations that enact the principles and goals of the IKT Guiding Principles. The two lists are organized in one-page documents and identify strategies that can be enacted and implemented during two phases in the research process: the knowledge inquiry stage and the knowledge synthesis stage.

WHAT DID YOU LEARN?

In developing our reports, the “KTEA Crew” consistently implemented equity-centered practices in our collaborative efforts. The structure of our Knowledge to Equity Action course included three meetings with our community partner, which we recognized would require flexibility from the start. Schedules for all participants indicated the need for an extended timeline, supporting both the capacity of the research seekers and the community partners. Acknowledging the workload and maintaining ongoing discussions about expected deliverables were crucial for our crew’s learning throughout the project, enabling us to make adjustments as necessary to sustain its quality.

REFERENCES

- Campbell S. Knowledge Translation Curriculum. Canadian Coalition for Global Health Research: Ottawa. 2012.
- Plamondon K. KTEA Knowledge-to-Equity Action, Intensive Course. *Week #_ Slides*. Equity Science Lab: Virtual. 2024.