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**How health equity issues were considered in recommendations from Chinese clinical practice guideline developers**

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**Objectives/aims**

To investigate how health equity issues were reported in recommendations from Chinese clinical practice guidelines (CPGs).

**Methods**

With terms “指南 (guideline)” and “指引(guidance)”, we searched CNKI, WanFang and CBM from January 1, 2016 to February 1, 2018, and collected Chinese CPGs published in 2016 and 2017. Two independent reviewers finished screening and data abstraction. Consensus on screening and data abstraction was reached between the two reviewers. We assessed reporting of factors associated with health inequity, using the PROGRESS-Plus acronym which stands for Place of residence, Race/ethnicity/culture/language, Occupation, Gender/sex, Religion, Education, Socioeconomic status, and Social capital. “Plus” includes other factors associated with discrimination and disadvantage such as age, disability and sexual orientation. Data was summarized using frequencies and percentages.

**Main findings**

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

Research implications:Our findings reflected the current condition of health equity considered in Chinese CPGs, and could promote guideline developers pay more attention on this issue in their future guideline development work.