

## PEER REVIEW HISTORY

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### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Supporting implementation of interventions to address ethnicity-related health inequities: frameworks, facilitators, and barriers: A scoping review protocol
<b>AUTHORS</b>	Gustafson, Papillon; Abdul Aziz, Yasmin; Lambert, Michelle; Bartholomew, Karen; Brown, Rachel; Carswell, Peter; Fusheini, Adam; Ratima, Mihi; Priest, Patricia; Crengle, Sue

### VERSION 1 – REVIEW

<b>REVIEWER</b>	Francois Cohen
<b>REVIEW RETURNED</b>	05-Jul-2022

<b>GENERAL COMMENTS</b>	<p>I think this is a very clear research protocol. It is also fairly straightforward since this is about realising a scoping review. I have two comments and therefore recommend either minor revisions or conditional acceptance.</p> <p>1. I believe you could include the grey literature for Australia as well as New Zealand, considering that some similarities could be found with the Australian case. Also, differences could be useful to discuss to understand how a different in policies / approaches between both countries might lead to different outcomes in terms of health inequity.</p> <p>2. I think you should clarify what you mean by "ethnicity". I would encourage you to take a broad definition of "race", this is, a definition that is not only limited to ethnicity but includes skin colour, language-based discrimination or a different treatment of those identified as "foreign". From a legal perspective in several countries (you may check for New Zealand), race is a protected characteristic that encompasses several dimensions including but not limited to ethnicity.</p>
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<b>REVIEWER</b>	Sonia Nath The University of Adelaide
<b>REVIEW RETURNED</b>	16-Oct-2022

<b>GENERAL COMMENTS</b>	<p>The authors have described a very relevant topic for scoping review, but in terms of health, it seems as a very broad topic.</p> <p>Introduction: It is not clear from the introduction why it is important to address ethnicity-related health inequities and why this scoping review is important to conduct.</p> <p>What does the existing evidence say on this? Not just for Aotearoa New Zealand but for other similar countries having racially minoritized populations such as Australia, Canada, and Brazil.</p> <p>Methods:</p>
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	<p>Line 143-151: This section could be part of the discussion or the intro and not the methods.</p> <p>Line 171: The authors should include a few more databases such as Embase, Scopus, and Web of Science.</p> <p>Line 175: Did the authors develop a list of MeSH terms and keywords to form the search strategy? What were the terms related to?</p> <p>Line 180- 181: " International and local sources from the published literature will be eligible for inclusion". This is not clear.</p> <p>Line 182. The search for grey literature is not clear. What databases would be used or just an online search? Would the authors use Google?</p> <p>Line 192: how was the grey literature transferred to EndNote.</p> <p>Line 193: Check version of Excel.</p> <p>Line 198: After removal of duplicates would the authors be using software management tools.</p> <p>Line 195: The author should include a PICO format for inclusion and exclusion criteria.</p> <p>Line 212: Would the authors exclude, reviews, case reports quantitative research, expert opinion, and policy document?</p> <p>Line 220: Would there be reviewer calibration for the two reviewers for charting the data.</p> <p>Would the authors critically appraise individual sources of evidence? The authors need to include a start and end date for the search strategy.</p> <p>Table 1: Research question 1: The limit should be applied at the end of the search strategy.</p>
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<b>REVIEWER</b>	Lindsey M King University of Florida, Department of Health Services Research, Management and Policy
<b>REVIEW RETURNED</b>	11-Nov-2022

<b>GENERAL COMMENTS</b>	<p>Thank you for the opportunity to review "Supporting implementation of interventions to address ethnicity-related health inequities: Frameworks, facilitators, and barriers: A scoping review." This is a submitted protocol that describes a proposed scoping review that aims to identify equity-focused implementation science theories, models and frameworks, and to synthesize and analyze the evidence relating to the factors that aid or inhibit equitable implementation of health interventions.</p> <p>There are a few minor revisions I'd like addressed before recommending publication.</p> <p>First, provide a rationale for selecting a scoping review vs. a systematic review.</p> <p>Provide a rationale for selecting 2011 as the start date of the search, as the authors acknowledge this date may miss important papers published prior to this date.</p> <p>The authors plan to hand search key journals and reference list and citations - how do the authors plan to do this - more detail is needed to stay consistent across studies.</p> <p>Criteria for research question 1: Be more specific in your definition of "equity-focused implementation science"</p>
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## VERSION 1 – AUTHOR RESPONSE

Reviewer: 1  
Dr. Francois Cohen

Comments to the Author:

I think this is a very clear research protocol. It is also fairly straightforward since this is about realising a scoping review. I have two comments and therefore recommend either minor revisions or conditional acceptance.

1. I believe you could include the grey literature for Australia as well as New Zealand, considering that some similarities could be found with the Australian case. Also, differences could be useful to discuss to understand how a different in policies / approaches between both countries might lead to different outcomes in terms of health inequity.

Response: We have considered the suggestion to include grey literature from Australia and have decided that due to our specific interest in health inequities in the New Zealand context expansion of the search to Australia would be beyond the scope for this review. The inclusion of grey literature in the scoping review is intended to allow for greater exploration of the New Zealand-specific implementation science literature, which we know to be limited in terms of peer-reviewed publications.

2. I think you should clarify what you mean by "ethnicity". I would encourage you to take a broad definition of "race", this is, a definition that is not only limited to ethnicity but includes skin colour, language-based discrimination or a different treatment of those identified as "foreign". From a legal perspective in several countries (you may check for New Zealand), race is a protected characteristic that encompasses several dimensions including but not limited to ethnicity.

Response: 'Race' is a social construct which groups people primarily based on physical attributes such as skin colour. While use of this construct is commonplace in some countries, it is not in New Zealand. Ethnicity is a social construct that typically denotes cultural affiliation. In New Zealand, this may include elements of cultural identity (e.g. religion, language, customs), shared sense of ancestry or geographic origins. In this sense, ethnicity is the broad definition rather than 'race'. We have used the inclusive term of "ethnicity and 'race'-related" in the Introduction (line 95) to acknowledge that this distinction is present in the international literature, but we do not think it appropriate to refer to 'race'-related inequities beyond this.

Reviewer: 2  
Dr. Sonia Nath, The University of Adelaide

Comments to the Author:

The authors have described a very relevant topic for scoping review, but in terms of health, it seems as a very broad topic.

Introduction: It is not clear from the introduction why it is important to address ethnicity-related health inequities and why this scoping review is important to conduct.

What does the existing evidence say on this? Not just for Aotearoa New Zealand but for other similar countries having racially minoritized populations such as Australia, Canada, and Brazil.

Response: We have amended the paragraph from Line 97-104 to clarify what the inequities are and provided an example from a study that includes Indigenous populations in Australia, Canada and Brazil: "Minoritised ethnic groups have poorer access to the social determinants of health, less access

to and use of health services, poorer quality of care and worse health outcomes, including reduced life expectancy and increased morbidity and mortality associated with various communicable and non-communicable diseases [5-10]. A population study of Indigenous and tribal peoples in 23 countries, including Aotearoa New Zealand, Australia, Brazil and Canada, found poorer health and social outcomes compared to non-Indigenous populations across a range of measures, although these differences were not uniform across each country or population [6].”

Methods:

Line 143-151: This section could be part of the discussion or the intro and not the methods.

Response: This paragraph has been moved to the Introduction (Line 145-153).

Line 171: The authors should include a few more databases such as Embase, Scopus, and Web of Science.

Response: The Medline (via Ovid) and CINAHL databases have been selected as these will provide the best coverage of the relevant biomedical literature. Including additional databases is unlikely to change the results in any substantive way.

Line 175: Did the authors develop a list of MeSH terms and keywords to form the search strategy? What were the terms related to?

Response: The following clarification has been made on Line 192-195:

“The list of initial search terms was developed from the research questions and previous knowledge, and reviewed by the research team. The Research Fellow and a subject librarian at the University of Otago reviewed MeSH terms to ensure that the key search terms were comprehensive.”

Line 180- 181: ” International and local sources from the published literature will be eligible for inclusion”. This is not clear.

Response: The following clarification has been made on Line 203-204: “International and local literature from the database searches will be eligible for inclusion.”

Line 182. The search for grey literature is not clear. What databases would be used or just an online search? Would the authors use Google?

Response: This has been clarified on Lines 205-206: “The grey literature search will be conducted using Google and the following search terms: “health” AND “equity” and “implementation” and “framework or model or theory”. This search will be.....”

Line 192: how was the grey literature transferred to EndNote.

Response: The following sentence has been added on Line 228-229: “Grey literature and any literature identified by handsearching journals, reference lists or citation searches will be manually added to Endnote and Microsoft Excel.”

Line 193: Check version of Excel.

Response: Updated to Version 2209 (Line 218).

Line 198: After removal of duplicates would the authors be using software management tools.

Response: We have not planned to use software management tools beyond those already specified on Lines 217-218 (Endnote and Microsoft Excel).

Line 195: The author should include a PICO format for inclusion and exclusion criteria.

Response: The PICO framework is commonly used in systematic reviews to define the Population, Intervention, Comparison and Outcomes elements that are central to addressing the research question. This type of formatting is not appropriate given our particular research questions. For research question 1, we are interested in identifying equity-focused implementation theories, models and frameworks. These do not have to have been used in implementation of an intervention to be included in the scoping review, which would make the I, C and O elements of the PICO framework irrelevant for such studies. For research question 2, although the studies will include interventions, we are interested in the facilitators and barriers to implementation, which means the C and O elements of the PICO framework would not be relevant.

Line 212: Would the authors exclude, reviews, case reports quantitative research, expert opinion, and policy document?

Response: Some of these sources will be excluded and we have therefore amended the following sentence on Line 244-246: "Commentaries, discussion and working papers, policy documents, editorials, expert opinions, letters, conference proceedings, case reports, quantitative research that does not otherwise meet the inclusion criteria for research question 1 or 2,...".

Reviews will be included if they describe equity-focused implementation science TMFs or describe facilitators and barriers to implementation of interventions. Therefore, we have not added "reviews" to our exclusion criteria.

Line 220: Would there be reviewer calibration for the two reviewers for charting the data.

Response: As described in the Methods section, we plan to follow the scoping review methodology outlined by Arksey and O'Malley and extended by Levac and colleagues. This methodological approach specifies that two researchers should independently extract data from five to ten studies and then meet to determine if the process is consistent. We revised the text on Lines 254 to 256 to clarify this: "The researchers will then meet to review the data charting process, make any necessary revisions to the data charting form and check for consistency between the two researchers."

Would the authors critically appraise individual sources of evidence?

Response: Scoping reviews aim to map the evidence for a particular topic area and critical appraisal and risk of bias assessments are generally not recommended (Joanna Briggs Institute, 2020 guideline). Critical appraisal is also not specified in the methodology we have planned to follow for this scoping review (Arksey and O'Malley, 2005, and extended by Levac and colleagues, 2010).

The authors need to include a start and end date for the search strategy.

Response: We have now specified that the start date will be from 1 January, 2011 (Line 188 and 212). Our search strategy was developed in the Medline database which has the option to specify the end of the search period to be "current". We have selected this option to ensure that the search is up-to-date when it is completed and will provide a note in the results publication of the date when the final search was performed.

Table 1: Research question 1: The limit should be applied at the end of the search strategy.

Response: The limits are applied at this step to allow us to review the database returns at various points in our search, including before we add in the equity (and related terms) search criteria.

Reviewer: 3

Dr. Lindsey M King, University of Florida

Comments to the Author:

Thank you for the opportunity to review "Supporting implementation of interventions to address ethnicity-related health inequities: Frameworks, facilitators, and barriers: A scoping review." This is a submitted protocol that describes a proposed scoping review that aims to identify equity-focused implementation science theories, models and frameworks, and to synthesize and analyze the evidence relating to the factors that aid or inhibit equitable implementation of health interventions.

There are a few minor revisions I'd like addressed before recommending publication.

First, provide a rationale for selecting a scoping review vs. a systematic review.

Response: This rationale has now been provided on Line 148-150.

Provide a rationale for selecting 2011 as the start date of the search, as the authors acknowledge this date may miss important papers published prior to this date.

Response: Discussions about equity in implementation science have increased markedly in the last five years. We therefore decided to limit the search to 2011 onwards to ensure good coverage of the implementation science literature (this field was formalised in 2006). We have made the following addition to Line 188-192: "Preliminary searches revealed that discussions about equity in implementation science have occurred predominantly in the last five years. Therefore, limiting the search to 2011 onwards will provide good coverage of the implementation science literature, as well as ensuring that the search is current at the time it is executed."

The authors plan to hand search key journals and reference list and citations - how do the authors plan to do this - more detail is needed to stay consistent across studies.

Response: We have added a paragraph explaining this process on Line 224-228: "To identify potentially relevant studies from relevant journals and reference lists by handsearching, article titles will first be reviewed to determine whether they broadly meet the inclusion criteria. The abstracts of potentially eligible articles will then be reviewed according to the process described above for references identified through the database searches."

Criteria for research question 1: Be more specific in your definition of "equity-focused implementation science"

Response: Additional clarifying text is provided on Line 232-233: "..., i.e. equity is explicitly mentioned in the TMF or addressing health equity is an explicit aim of the TMF,"