PROGRESS framework: Applying an equity lens to interventions

A summary of

O'Neill, J., Tabish, H., Welch, V., Petticrew, M., Pottie, K., & Detticrem, M. (2014). Applying an equity lens to interventions: Using PROGRESS ensures consideration of socially stratifying factors to illuminate inequities in health. Journal of Clinical Epidemiology, 67, 56-64.



National Collaborating Centre

Centre de collaboration national

How to cite this NCCMT summary:

National Collaborating Centre for Methods and Tools (2015). *PROGRESS framework: Applying an equity lens to interventions*. Hamilton, ON: McMaster University. (Updated 01 September, 2017) Retrieved from http://www.nccmt.ca/resources/search/234.

Categories:

Method

Method, Define, Adapt

Date posted: July 20, 2015

Date updated: September 1, 2017

Relevance For Public Health

PROGRESS can be used in two ways. First, public health program planners or managers could use PROGRESS to guide the adaptation of an intervention plan. PROGRESS can help you adapt research evidence to your community by identifying factors that may affect how the disadvantaged groups in your population engage with the intervention being planned or the method of implementation. For example, suppose you are asked to design a program to increase rates of active transportation by cycling in your inner-city community. The research evidence indicates that placing self-serve bike rental stations encourages people to travel by bike. Before determining an implementation plan, you consider whether the PROGRESS factors may impact groups' or individuals' access to and use of the intervention that renders the intervention less effective for disadvantaged priority populations. Inversely, you may want to consider whether your intervention may produce any negative or positive impacts on the PROGRESS factors.

Second, public health researchers could use the PROGRESS framework to ensure that their research question, analysis and reporting encompasses an equity lens. You can use the Equity Checklist for Systematic Review Authors to consider equity in the design and reporting of your research.

Description

The PROGRESS acronym is intended to ensure that there is explicit consideration for health equity, the unfair difference in disease burden, when conducting research and adapting research evidence to inform the design of new interventions. The PROGRESS acronym was created by Evans and Brown (2003) to describe factors that contribute to health inequity. PROGRESS stands for:

- Place of residence
- Race/ethnicity/culture/language
- Occupation
- Gender/sex
- Religion
- Education
- Socioeconomic status
- **S**ocial capital

PROGRESS serves as a reminder to consider the intersecting determinants of health when designing research or an implementation plan. The acronym is not meant to encompass all the factors involved with the distribution of health. Rather, it emphasizes that multiple factors affect health inequity. This acronym encourages public health researchers, program planners and managers to think about these intersecting determinants of health, and their consequences on equity. Explicit identification of these factors can create opportunities to redistribute resources to address health inequities.

In some contexts, additional factors may affect the impact an intervention can have on equity. PROGRESS has been expanded into PROGRESS-Plus (Oliver et al., 2008) to include other context-specific factors that facilitate disadvantage. These factors include: personal characteristics that are associated with discrimination (e.g., age, disability), features of a relationship (e.g., smoking parents, excluded from school), time-dependant relationships (e.g., leaving the hospital, respite care) and other circumstances that may indicate disadvantage.

Implementing the Tool

Who is Involved?

Program planners or managers will lead the administration of this method. If equity is not a priority, they may need to champion the use of the PROGRESS factors during planning and implementation. Representatives from your community can engage with this method, so they can share their experience with each PROGRESS factor.

Steps for Using Tool

The PROGRESS acronym helps you to remember to consider the social determinants of health when adapting an evidence-informed recommendation to a community. PROGRESS stands for:

- Place of residence
- Race/ethnicity/culture/language
- Occupation
- **G**ender/sex
- Religion
 Education
- Education
- Socioeconomic status
- Social capital

You can use the PROGRESS factors after you have searched, appraised and synthesized the research evidence. To use PROGRESS:

- 1. Compile the recommendation(s) for the interventions(s) you have formed with the research evidence.
- Independently or with stakeholders, consider the impact each potential recommendation can have on the PROGRESS factors.
- 3. Consider the effect PROGRESS factors have on access and acceptability of each recommendation.
- 4. Choose the most appropriate intervention for your community.
- 5. Create an implementation plan for the intervention that addresses the relevant PROGRESS factors.

These summaries are written by the NCCMT to condense and to provide an overview of the resources listed in the Registry of Methods and Tools and to give suggestions for their use in a public health context. For more information on individual methods and tools included in the review, please consult the authors/developers of the original resources.

Conditions for Use

© 2014 Elsevier Inc.

Evaluation and Measurement Characteristics

Evaluation

Information not available

Validity

Validity not tested

Reliability

Reliability not tested

Methodological Rating



Not applicable

Tool Development

Developers

Jennifer O'Neill Hilary Tabish Vivian Welch Mark Petticrew Kevin Pottie Mike Clarke Tim Evans Jordi Pardo Pardo Elizabeth Waters Howard White Peter Tugwell

Method of Development

The acronym PROGRESS was developed by Evans and Browns (2003). This acronym was adopted by the Campbell and Cochrane Equity Methods Group to guide the analysis and reporting of equity focused research. The use of PROGRESS to apply an equity lens to interventions was developed through consultation with experts on the PROGRESS factors.

Release Date

2014

Contact Person

Jennifer O'Neill Institute of Population Health University of Ottawa Ottawa, ON K1N 6N5 Phone: (613) 562-5800

Resources

Title of Primary Resource	Applying an equity lens to interventions: Using PROGRESS ensures consideration of socially stratifying factors to illuminate inequities in health
File Attachment	None
Web-link	http://ac.els-cdn.com/S089543561300334X/1-s2.0-S089543561300334X-main.pdf?_tid=ce0cd334-4152-11e7-9dd1-00000aab0f26&acdnat=1495721135_92dff3c51fb8a60132a1cf94eff5ace5
Reference	O'Neill, J., Tabish, H., Welch, V., Petticrew, M., Pottie, K., & Clarke, M. (2014). Applying an equity lens to interventions: Using PROGRESS ensures consideration of socially stratifying factors to illuminate inequities in health. <i>Journal of Clinical Epidemiology</i> , 67, 56-64.
Type of Material	Journal Article
Format	Periodical
Cost to Access	None.
Language	English
Conditions for Use	© 2014 Elsevier Inc.

These summaries are written by the <u>NCCMT</u> to condense and to provide an overview of the resources listed in the <u>Registry of Methods and Tools</u> and to give suggestions for their use in a public health context. For more information on individual methods and tools included in the review, please consult the authors/developers of the original resources.

Title of Supplementary Resource	Road traffic crashes: Operationalizing equity in the context of health sector reform
File Attachment	None
Web-link	http://www.tandfonline.com/doi/pdf/10.1076/icsp.10.1.11.14117?needAccess=true
Reference	Evans, T. & Brown, H. (2003). Road traffic crashes: Operationalizing equity in the context of health sector reform. <i>Injury Control Safety Promotion</i> , 10(1-2), 11-12.
Type of Material	Journal Article
Format	Periodical
Cost to Access	None.
Language	English
Conditions for Use	© Swets & Zeitlinger

Title of Supplementary Resource	Health promotion, inequalities and young people's health: A systematic review of research.
File Attachment	None
Web-link	$\frac{\text{http://eppi.ioe.ac.uk/cms/Portals/0/PDF\%20reviews\%20and\%20summaries/Inequalities\%20Young\%20People\%20R20080 liver.pdf?}{\text{ver=}2010-12-22-123934-167}$
Reference	Oliver, S., Kavanagh, J., Caird, J., Lorenc, T., Oliver, K., Harden, A., et al. (2008). <i>Health promotion, inequalities and young people's health: A systematic review of research</i> . London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.
Type of Material	
Format	On-line Access
Cost to Access	None.
Language	English
Conditions for Use	© Copyright

Title of Supplementary Resource	Equity checklist for systematic review authors
File Attachment	None
Web-link	http://methods.cochrane.org/sites/methods.cochrane.org.equity/files/public/uploads/EquityChecklist2012.pdf
Reference	Ueffing, E., Tugwell, P., Welch, V., Petticrew, M., Kristjansson, E., & for the Campbell and Cochrane Equity Methods Group. (2012). <i>Equity checklist for systematic review authors.</i> Retrieved from http://methods.cochrane.org/sites/methods.cochrane.org.equity/files/public/uploads/EquityChecklist2012.pdf.
Type of Material	
Format	On-line Access
Cost to Access	None.
Language	English
Conditions for Use	Appropriate referencing.