

## Appendix 1. Possible equity extension items for STROBE.

Section	Item No	Standard STROBE Checklist	Possible issues for STROBE equity extension (based on PRISMA-Equity and CONSORT-Equity reporting items)
<b>Title and abstract</b>	1		
		1a. Indicate the study's design with a commonly used term in the title or the abstract	
		1b. Provide in the abstract an informative and balanced summary of what was done and what was found	<ul style="list-style-type: none"> <li>- Describe population according to PROGRESS-Plus</li> <li>- Describe extent/limits of applicability to populations of interest across PROGRESS-Plus characteristics</li> </ul>
<b>Background/rationale</b>	2		
		2. Explain the scientific background and rationale for the investigation being reported	<ul style="list-style-type: none"> <li>- If equity is a focus, what is the rationale for focus on health equity?</li> </ul>
<b>Objectives</b>	3		
		3. State specific objectives, including any pre specified hypotheses	
<b>Methods</b>			
<b>Study design</b>	4		
		4. Present key elements of study design early in the paper	<ul style="list-style-type: none"> <li>- Report who was involved/engaged/consulted in study design (e.g. patients, community, industry, government, etc.)</li> <li>- Report whether a theory of change was described for the study to design analysis</li> </ul>
<b>Setting</b>	5		
		5. Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	<ul style="list-style-type: none"> <li>- Report whether methods of sampling/recruitment were designed to reach populations across relevant PROGRESS-Plus characteristics</li> <li>- Is there possibility of self-selection bias across PROGRESS-Plus factors?</li> </ul>
<b>Participants</b>	6		
		<p>6a. <i>Cohort study</i>—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up</p> <p><i>Case-control study</i>—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls</p> <p><i>Cross-sectional study</i>—Give the eligibility criteria, and the sources and methods of selection of participants</p>	<ul style="list-style-type: none"> <li>- Give inclusion and exclusion criteria across relevant PROGRESS-Plus characteristics</li> <li>- Report context and relationship to health equity (additional items may be needed to document context and systems in which the studies take place)</li> <li>- Report details of partnerships with populations and communities, where applicable</li> </ul>

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		6b. <i>Cohort study</i> —For matched studies, give matching criteria and number of exposed and unexposed <i>Case-control study</i> —For matched studies, give matching criteria and the number of controls per case	- Report whether any PROGRESS-Plus factors used for matching, how categories were determined and why
<b>Variables</b>	7		
		7. Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	- Report whether outcomes were identified as relevant and important to populations across PROGRESS-Plus
<b>Data sources/ measurement</b>	8		
		8.* For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	- Report the method of obtaining population characteristics (e.g. age)
<b>Bias</b>	9		
		9. Describe any efforts to address potential sources of bias	- Report efforts to reduce selection bias across PROGRESS-Plus - Report whether dimensions of context might influence the study (e.g. bias in response/participation)
<b>Study size</b>	10		
		10. Explain how the study size was arrived at	- Report whether PROGRESS-Plus characteristics of interest were considered in determining the study size
<b>Quantitative variables</b>	11		
		11. Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	- Report how decisions were made about analyses related to PROGRESS-Plus, including whether any categories were defined, and how they were decided - Report whether dimensions of context were collected for analysis
<b>ETHICAL CONCERNS</b>	--	--	New item in CONSORT-Equity, may be relevant to STROBE-Equity
			- Report details of informed consent and ethical clearance
<b>Statistical methods</b>	12		
		12a. Describe all statistical methods, including those used to control for confounding	- If PROGRESS-Plus factors used to control for confounding, describe how they were defined and rationale - Report whether contextual factors were used in adjustment for confounding
		12b. Describe any methods used to examine subgroups and interactions	- Report details of additional analyses related to health equity - Report whether context or systems were explored
		12c. Explain how missing data were addressed	- Explain whether missing data was related to individual or contextual factors associated with health inequities

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		12d. <i>Cohort study</i> —If applicable, explain how loss to follow-up was addressed <i>Case-control study</i> —If applicable, explain how matching of cases and controls was addressed <i>Cross-sectional study</i> —If applicable, describe analytical methods taking account of sampling strategy	
		12e. Describe any sensitivity analyses	
<b>Results</b>			
<b>Participants</b>	13		
		13a.* Report numbers of individuals at each stage of study—e.g. numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analyzed	
		13b.* Give reasons for non-participation at each stage	<ul style="list-style-type: none"> <li>- Describe the losses and exclusions of participants across PROGRESS-Plus</li> <li>- Describe non-response/non-participation across PROGRESS-Plus</li> </ul>
		13c.* Consider use of a flow diagram	
<b>Descriptive data</b>	14		
		14a.* Give characteristics of study participants (e.g. demographic, clinical, social) and information on exposures and potential confounders	- Present characteristics across relevant PROGRESS-Plus characteristics
		14b.* Indicate number of participants with missing data for each variable of interest	- Describe whether data on PROGRESS-Plus factors are missing (e.g. ethnicity data in some settings has a high level of missing-ness)
		14c.* <i>Cohort study</i> —Summaries follow-up time (e.g., average and total amount)	
<b>Outcome data</b>	15		
		15.* <i>Cohort study</i> —Report numbers of outcome events or summary measures over time	
		<i>Case-control study</i> —Report numbers in each exposure category, or summary measures of exposure	
		<i>Cross-sectional study</i> —Report numbers of outcome events or summary measures	
<b>Main results</b>	16		

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		16a. Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (e.g., 95% confidence interval). Make clear which confounders were adjusted for and why they were included	<ul style="list-style-type: none"> <li>- Report if confounders were defined for contextual or PROGRESS-Plus factors that are associated with health inequities</li> <li>- Justify why certain categories of PROGRESS-Plus are not disaggregated for analysis</li> </ul>
		16b. Report category boundaries when continuous variables were categorized	<ul style="list-style-type: none"> <li>- Justify any categories used across PROGRESS-Plus characteristics</li> </ul>
		16c. If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	
<b>Other analysis</b>	17		
		17. Report other analyses done—e.g. analyses of subgroups and interactions, and sensitivity analyses	<ul style="list-style-type: none"> <li>- Report other analyses to address health equity questions, if the study had objectives related to health equity</li> </ul>
<b>Discussion</b>			
<b>Key results</b>	18		
		18. Summaries key results with reference to study objectives	
<b>Limitations</b>	19		
		19. Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	
<b>Interpretation</b>	20		
		20a. Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	<ul style="list-style-type: none"> <li>- Consider importance of context in interpretation of health equity</li> </ul>
<b>Generalizability</b>	21		
		21. Discuss the generalizability (external validity) of the study results	<ul style="list-style-type: none"> <li>- Discuss external validity to populations across relevant PROGRESS-Plus characteristics, considering issues of possible self-selection, healthy volunteer bias, losses across PROGRESS-Plus</li> <li>- Consider implications of exclusion of people across PROGRESS as well as differential participation and/or loss to follow-up</li> <li>- Consider context in discussion of generalizability</li> </ul>
<b>Other information</b>			
<b>Funding</b>	22		

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		22. Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	
*Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.			