



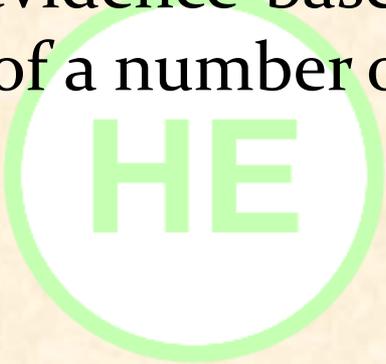


Reduction of inequalities in health: assessing evidence-based tools

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Introduction

The reduction of health inequalities is a focus of many national and international health organizations . The need for pragmatic evidence-based approaches has led to the development of a number of evidence-based equity initiatives.



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Policy-level changes are very important in reducing health inequities. Priority-setting by policy-makers is affected by the values and interests of individuals in decision-making positions. While the rhetoric of equity is very well developed, there is often a failure to set equity-oriented objectives and action plans. This may not only be due to a lack of will on the part of policy makers but also because of the many barriers that hinder priority setting and planning.

These barriers include **a lack of skills for pro-equity planning**, **a lack of supportive institutional structures and processes**, **a lack of sophisticated understanding of what equity** does and does not require, **a lack of the intersectoral cooperation** and unity (often necessary for real achievements), and **a lack of incentives for achieving goals**.

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Because health equity depends so much on deep-seated power issues, on economic and ideological constructs largely outside the reach of health planners, perhaps the contribution of development agencies is limited to making measurement and analysis more readily available. Although these tools cannot in themselves produce equity, where conditions are such that increased equity is possible, tools must be made available to draw attention to inequities and to help redirect resources to where they are most needed.

This paper describes a new program that focuses upon evidence-based tools, which are useful for policy initiatives that reduce inequities .

1. Cochrane and Campbell collaborations

The Cochrane and Campbell collaborations were established to prepare, maintain and promote access to systematic reviews thereby helping consumers, policymakers and clinicians make well-informed decisions.

The Cochrane Collaboration reviews studies of the effects of health and health care policies and the Campbell Collaboration reviews the studies of educational, legal and social interventions.

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Most reviews present information on effectiveness in terms of averages, without providing any indication of the effectiveness of interventions stratified by socio-economic gradients.

Plans to identify interventions that improve the status of the poor and reduce health inequities through a series of systematic reviews are now underway within the Cochrane and Campbell Collaborations.

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A Cochrane Equity Field has successfully been registered to help deal with the methodological issues that arise from incorporating equity into systematic reviews. Equity gradients relevant to informing policy and decision makers on the effectiveness of interventions include not only socioeconomic gradients but also gender, race, workforce, ruralurban, education and social capital gradients.

2. Decision Aids, shared decision-making, and the Health Coach initiative

Decision aids and shared decision making can be facilitated in disadvantaged groups by 'health coaches' to help people become better decision makers, negotiators, and navigators of the health system.

A green circular logo with the letters 'HE' in a bold, sans-serif font inside it.

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Health coaches have access to evidence-based health information and decision aids.

They provide information, clarify values, and develop skills in deliberation, communication, and behaviour change.

Delivery of coaching and decision support can take the form of self-care manuals, online health information and decision aids, individual and group patient education and coaching sessions, skills training of primary care professionals, and population-based telephone call centres .

3. *CIET cycles*

The CIET (Community Information and Epidemiological Technologies) cycles and methods are a tool used to support local evidence-based planning, that is available from CIET . In the 1980s, at least partly in response to the difficulties being experienced in setting priorities and acting to achieve them, CIET developed its population-based applications of modern epidemiology in health planning.

Combining an adapted cluster survey technique with qualitative methods for discussing evidence with communities and health workers, the CIET methods are intended to support evidence-based decision making at local and national level

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This approach introduced formal epidemiological analysis to identify actionable risk and resilience factors, and also incorporated the community voice in a structured way, through focus groups and community meetings.

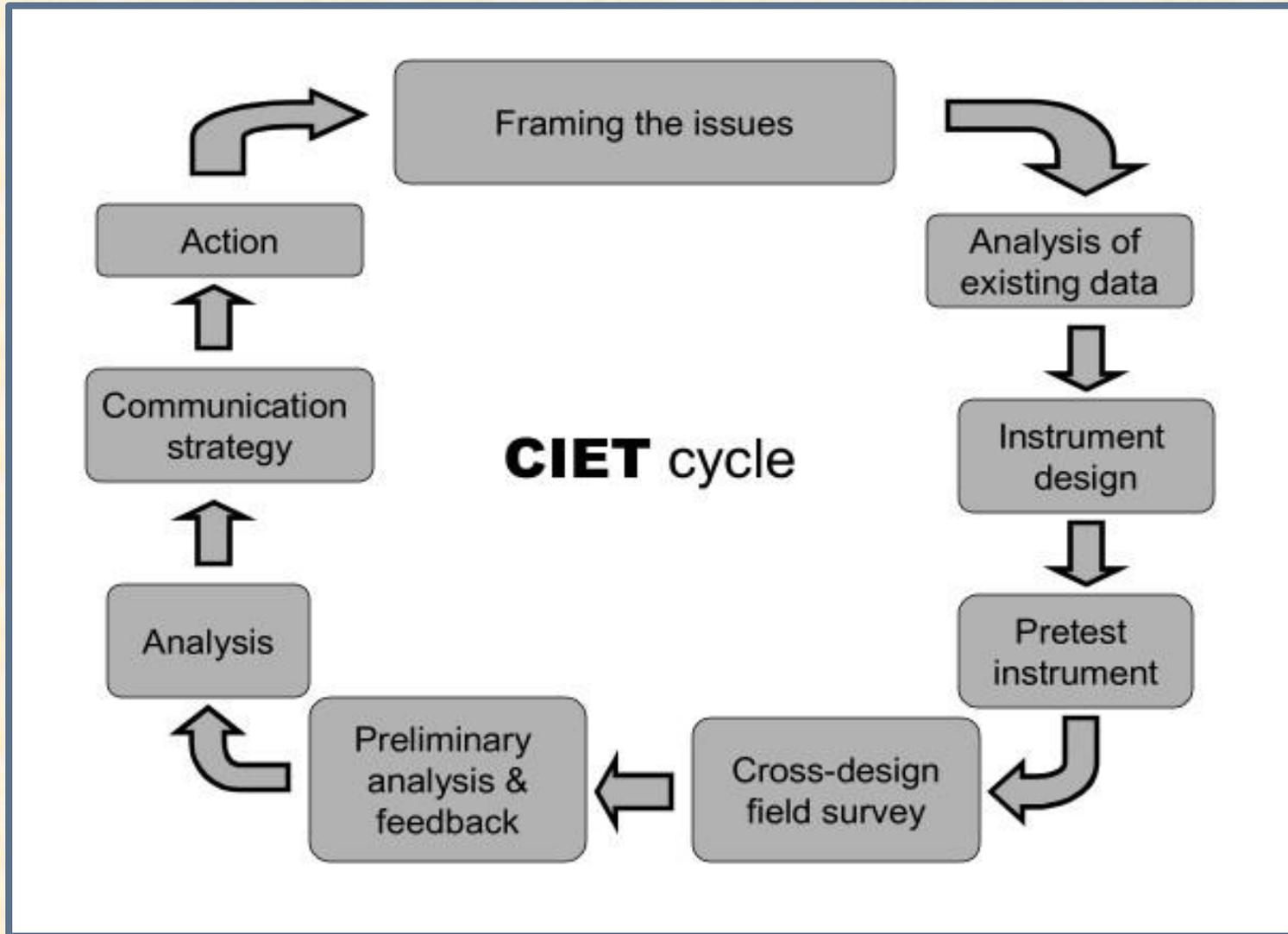
The 1990s saw CIET methods applied in 47 countries worldwide, addressing issues such as access to health care services, gender gap in education, food security, prevention of sexual violence and corruption.

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The popularization of geographic information systems (GIS) opens a new horizon for evidence-based health planning. More complex data can be portrayed attractively and, as a consequence, more people can participate in evidence-based decision making. Planners need to identify the mix of circumstances under which a health intervention is effective, to quantify the gaps between the intended and the actual, and to present alternatives for closing them.

CIET map is a free geometrics and epidemiology software developed by the CIET group . It combines raster and vector mapping techniques with epidemiological analysis tools. While no hardware or software can replace a solid practical training in epidemiology – and no technical training can replace a commitment to equity – customized epidemiological mapping software can provide an important tool for studying and comparing health indicators among and between different population groups .

Evidence-based planning with the CIET Cycles:



4. *Ottawa Equity Gauge*

Community-level action may be a very effective way of reducing health inequalities . Communities have the power and freedom to identify priority health problems, and to use a phased approach to modify the cultural, political, economic and social context in order to effect change.

The Ottawa Equity Gauge project will measure, monitor and address health inequities in accidents, exercise, nutrition and smoking in Ottawa. It is based on the Global Equity Gauge Alliance's framework that has been implemented in 11 low and middle-income countries since 2000 .This framework seeks to reduce health inequities through three broad spheres of action, described as pillars. These pillars are 1)Assessment and Monitoring, 2)Advocacy, and 3)Community Empowerment.

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The Ottawa Equity gauge also emphasizes a fourth 'Intervention" pillar based upon Cochrane and Campbell systematic reviews of the interventions. The Ottawa Equity Gauge project brings together researchers, community leaders, and stakeholders. The current focus is on identifying food security and nutrition issues in Ottawa using a mix of participatory action research and systematic reviews of published and unpublished literature .

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Partners include representatives from non governmental organizations (eg Ottawa Just Food, Centretown Community Health Centre) as well as policy-makers (City of Ottawa Health Department) and multiple disciplines from the University of Ottawa.

Ottawa Equity Gauge

4 Pillars

Equity Needs:

Monitoring/
Data Analysis
['Progress
Indicators']

- RRFSS – Rapid Risk Factor Surveillance System.
- CCHS – Canadian Community Health Survey
- Health Equity monitoring-Toolkit
- Community needs assessment
- Neighbourhood QOL Observatory

Interventions

What works and
in which
settings?

- Food insecurity
- School meals
- Anti smoking
- Physical activity strategy
- Obesity

Community empowerment

Community
Participation

- Catalogue of organizations
- Participatory research
- Community studies
- Strategic alliances
- Consensus building
- Social Marketing

Advocacy

Advocacy and
Dissemination

- Interactive Community Forum
- Press analysis
- Strategic alliances
- Dissemination
- Interactive workshops

5. The needs-based health assessment toolkit

This toolkit was developed in response to the recommendations from the Ottawa Conference on Exploring Global Interfaces .The Toolkit represents a valuable synthesis of methods to assemble the information on which clinical and health policy decisions about technologies can be based. The Toolkit uses the Technology Assessment Iterative Loop (TAIL) as an overall framework & is accessible on the internet .

The toolkit focuses on choosing health interventions based on the health needs of a population, using an iterative approach. The iterative steps are: 1) Health needs assessment; 2) Priority setting and needs-based technology assessment; 3) Community effectiveness; 4) Cost effectiveness; and 5) Policy, strategy and management.

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The tools in the five steps involve the input from many disciplines, for example; social scientists, health care professionals, biostatisticians, stakeholders and consumers, policy makers and computer specialists.

This toolkit has been used as a training tool by the WHO Collaborating Centre for Health Technology Assessment.

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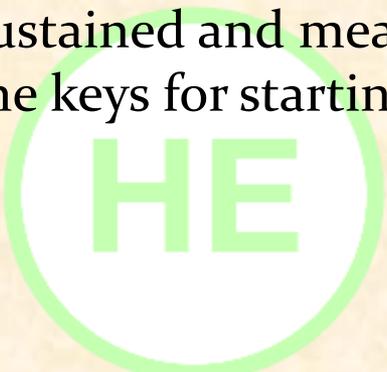
The tool kit has focused on averages, but is now being expanded to include the above methods for assessing **distributional issues so that equity gradients will be detected** and included in any indicators. Peter Tugwell and colleagues have developed the equity-effectiveness loop framework to assess the "staircase effect" of reductions in efficacy in disadvantaged populations .

	Cochrane and Campbell collaboration	Decisions Aids , Decision Making and the Health Coach Initiative
Audience	Clinical decision makers/practitioners/policy makers/health consumers	Health care consumers and clinicians providing decision support
objectives	They aim to help people make well informed decisions about health care by preparing, maintaining and disseminating systematic reviews.	Prepare individuals for decision making: help them understand the probable benefits and risks of options, consider the value they place on the benefits and risks, & participate actively with their practitioners in deciding about options
strengths	The Cochrane Library now has over 2000 reviews providing high quality, up to date summaries of evidence obtained through a transparent process aimed at avoiding bias.	Improved decision making outcomes
Limitations	Many estimates are of efficacy in ideal situations, not effectiveness in a community setting. Also, only limited numbers of less rigorous non controlled studies are included.	Most decision aids are web-based which increases universal access, but may limit access for some groups

	CIET cycles	Ottawa Equity Gauge	The Needs-Based Health Assessment Toolkit
Audience	Decision makers at provincial , regional and national levels	Local policy makers, community agencies, schools ,and non-government organizations	Health professionals, policy makers and health system planners
objectives	Bring scientific research methods to local government and community levels; build the community voice into planning and good governance	To bridge the gap from evidence to action in reducing health inequalities	To assist in the efficient and effective allocation of health care resources
strengths	Representative, community-based cross-design combines qualitative and quantitative data; emphasis on training and capacity building; methods adapted for a wide variety of issues	Actions are based on the best-evidence of interventions	The toolkit is based on a systematic and comprehensive framework for assembling the information on which clinical and health policy decisions about technologies can be based. It is needs-based according to clinical and population health status needs, and therefore not "wants-based" nor driven by the vested interests of health professions, industry, or government
Limitations	CIET methods are less useful for rare conditions (cancers, maternal mortality) than for common risk factors or outcomes. Methods require considerable epidemiological analysis skills .	The process of engaging such a diverse range of stakeholders has presented a number of difficulties	The toolkit provides only a selected set of tools. Users must decide whether these tools can be adapted to their own settings and needs.

Conclusion

Despite the technological advances that make evidence based planning possible, many of the old questions still remain to be answered about how it is all to be done. Where should the evidence come from? How exactly are local decisions to be taken on the evidence? What are the precise mechanisms for sustained and meaningful community participation? What are the keys for starting a new cycle of assessment, analysis and action?



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