

Equity Update

Cochrane Health Equity Field and Campbell Equity Methods Group

March 3, 2008

Volume 2, Issue 1

Table of Contents:

Letter from our team	1
Reflections on developing and using PROGRESS-Plus	1
Equity events	2
Equidad Listserv	2
Effective Practice and Organisation of Care Group Satellite on LMICS	4
Team contacts	4
Proposed registration of a Cochrane Public Health Review Group—a focus on equity	5
Petitions for free access to the Cochrane Library	6
News briefs	6

Contact Us:

Cochrane Health Equity Field
1 Stewart Street
Ottawa, Ontario
K2G 0M3
Canada

Tel: 1-613-562-5800, ext. 1963
Fax: 1-613-562-5659
Email: emorris@uottawa.ca
www.equity.cochrane.org

Letter from our team

Dear Equity Colleagues,

Welcome to our second newsletter! We've included articles kindly contributed by the Cochrane Health Promotion and Public Health Field, the United Kingdom's

EPPI-Centre, the Pan American Health Organization's EQUIDAD Listserv, and the Cochrane Effective Practice and Organisation of Care Group's Satellite on LMICs; thank you very much to our colleagues for writing these!

We are excited to feature work related to equity, and welcome any photos, articles, or other material you would like to share.

Best regards,

The Equity Team

Reflections on developing and using PROGRESS-Plus

*By Josephine Kavanagh,
Sandy Oliver, and Theo Lorenc*

A key issue for researchers is how to define and assess the range of social determinants and factors which contribute to unequal health status within and between populations. The first issue of Equity Update described the use of Evans and Brown's framework PROGRESS (Place of Residence, Race/ethnicity, Occupation, Gender, Religion/culture, Education, Socio-economic status, Social capital/networks) for classifying these factors (Evans and Brown 2003). It was suggested that PROGRESS could usefully be expanded to PROGRESS-Plus to incorporate other important

factors which impact on health equity (e.g. disability, sexual orientation, age).

Researchers at the Evidence for Policy and Practice Information and Coordinating Centre (EPPI-Centre), recently completed a systematic and descriptive map of 191 research studies related to health promotion, inequalities and young people's health (Oliver et al 2008 in preparation). In this article we reflect briefly on our experiences of developing and employing PROGRESS-Plus, a modified version of Evans and Brown's framework which we used to describe the studies included in the map (Table 1).

We made some minor changes to the terminology of the original PROGRESS framework. We used the term 'socio-economic position' to encompass the key elements of what in UK research has traditionally been termed 'social class' and in US studies termed 'socio-economic status' (Chittleborough et al., 2006; Galobardes et al., 2006).. Also, we removed the term 'race' from the 'race/ethnicity' descriptor, to indicate that the relevance of this category is socio-cultural rather than biological.

(Continued on page 3)

Equity Events

March 7, 2008

Oral presentation at Canadian Cochrane Symposium: Is equity considered in Cochrane Musculoskeletal Group reviews? (Edmonton, Canada)

May 12-14, 2008

Campbell Colloquium (Vancouver, Canada)

June 1-4, 2008

Canadian Public Health Association Conference: Reducing Health Inequalities Through Evidence and Action (Halifax, Canada)

July 6-9, 2008

Health Technology Assessment International Conference (Montreal, Canada)

October 3-8, 2008

Cochrane Colloquium (Freiburg, Germany)



EQUIDAD Listserv

Information provided by Ana Lucia Ruggiero of PAHO

We are excited to announce a new partnership with the Pan American Health Organization (PAHO) Equity Listserv. Run by Ana Lucia Ruggiero of PAHO, the Equity List is a daily free service that filters, structures, and disseminates the latest thinking on Equity and Health issues, processes and outcomes, thus raising awareness of new development ideas and experiences.

The purpose of the Equity List is to provide relevant, timely and good quality information to support public health processes, and functions such as research, policy formulation, *design, implementation, evaluation*, and decision-

making. A recent survey of Equity List members asked which areas of equity, health, and human development were of most interest. The top three responses were Equity, Health Policy, and Social Disparities of Health, as shown in the image below.

The Equity List has been operational since February 2000. It targets consumers and producers of equity and health information, which includes researchers, policy-makers, donors, development NGOs, and other public health professionals. However, students, teachers, and others who are interested in learning about equity and health also constitute an important audience. Equity List service



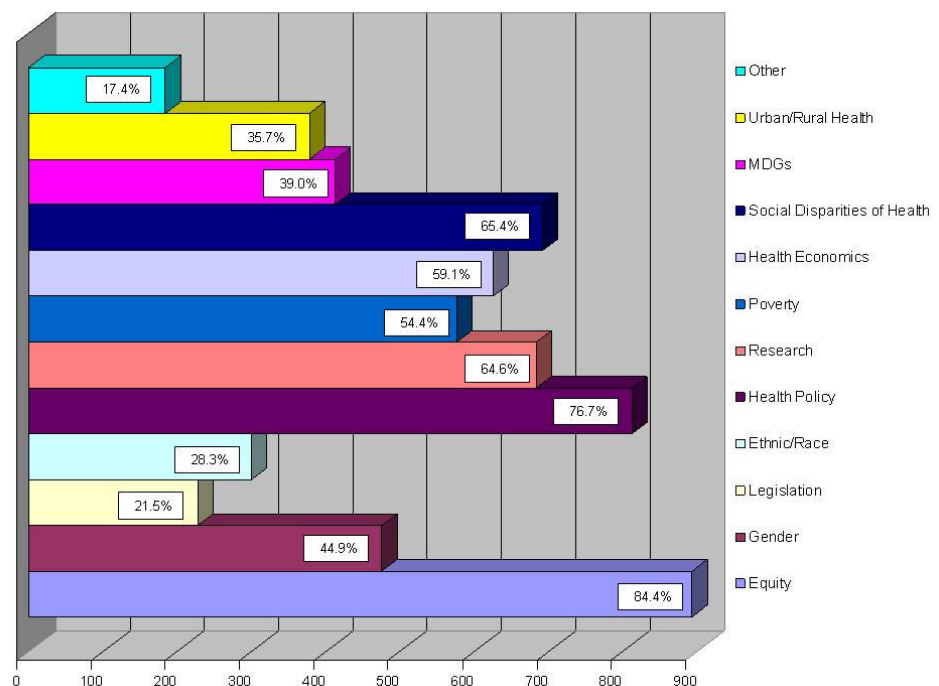
reaches some 13,500+ recipients, and it is connected to over 23 global networks and dissemination lists in 164 countries.

Ana Lucia has kindly offered to post information directly to the Equity Field's webpage at www.equity.cochrane.org. We're pleased to provide this service to our web readers; thank you very much to Ana Lucia!

If you would like to join the Equidad Listserv to receive free updates directly to your inbox, please visit the Equidad website at:

<http://listserv.paho.org/Archives/equidad.html>

What area(s) or subject(s) of Equity, Health and Human Development are of most interest to you?



PROGRESS-Plus

(Continued from page 1)

We distinguished two ways of measuring SEP, narrowly and broadly. The narrower concept included only SEP measured according to strictly economic criteria such as income, occupational class, or eligibility for means-tested benefits. The wider notion, labelled as ‘All SEP’, incorporated the descriptors SEP, Education, Occupation and (where related to economic measures) Place of residence, to provide a more complete picture of socio-economic position. The potential overlap between SEP and other categories of PROGRESS demands careful attention

from researchers.

The ‘Plus’ elements added to the basic PROGRESS classification included age, disability and sexual orientation, along with an open-ended category of ‘other vulnerable groups’. In our review of young people this included school non-attenders, runaways, looked after young people, and young people in the criminal justice system. Moreover, not all elements of PROGRESS-Plus were equally applicable. For instance, applying the categories of education and occupation to studies of young people meets theoretical and practical challenges. Neighbourhood descrip-

tors may sometimes be more appropriate for young people or for controlled trials.

Whilst the ‘Plus’ elements have made the framework more inclusive and adaptable, the PROGRESS-Plus terms may require further modification and definition to reflect the context and focus of other reviews. Given the growing global interest in health equity, it is important that reviews are made relevant to the inequalities agendas of decision makers, and other users. From our experience with using PROGRESS-Plus we consider that other reviewers may find it to be a useful core framework for applying an equity lens when conducting reviews.

Table 1. Categories included in the PROGRESS-Plus framework

PROGRESS	
Place of Residence	Rural/urban, country/state, housing characteristics
Ethnicity	Ethnic background
Occupation	Professional, skilled, unskilled, unemployed etc.
Gender	Male or female
Religion	Religious background
Education	Years in and/or level of education attained, school type
Social Capital	Neighbourhood / community / family support.
Socio-economic position (SEP)	Income, means tested benefits/welfare, affluence measures, etc.
Plus	
All SEP	SEP income related, plus occupation, education, and elements of place of residence
Age	Age range
Disability	Existence of physical or emotional/mental disability
Sexual orientation	Heterosexual, gay, lesbian, bisexual, transgender
Other vulnerable groups	School non-attenders, looked after YP, YP in criminal justice system, victims of abuse, runaways, teenage parents

References

Chittleborough C R, Baum F E, Taylor A W, Hiller J E. A life-course approach to measuring socioeconomic position in population health surveillance systems. *J. Epidemiol Community Health* 2006;60:981-992; doi:10.1136/jech.2006.048694

Evans T, Brown H (2003) Road traffic crashes: operationalising equity in the context of health sector reform. *Injury Control and Safety Promotion* 10:11-12

Galobardes B, Shaw M, Lawlor DA, Lynch JW and Davey Smith G. Indicators of socioeconomic position (part 1). *J. Epidemiol. Community Health* 2006;60:7-12 doi:10.1136/jech.2004.023531

Oliver S, Kavanagh J, Caird J, Lorenc T, Oliver K, Harden A, Thomas J, Greaves A and Oakley A. Health promotion, inequalities and young people’s health: a systematic review of research. London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London. (in progress)

The Cochrane Health Equity Field and Campbell Equity Methods Group

Betsy Kristjansson,
Advisory Member
kristjan@uottawa.ca

Jessie McGowan,
Trials Search Coordinator
jmcgowan@uottawa.ca

Erin Morris,
Field Administrator
emorris@uottawa.ca

Mark Petticrew,
Co-Convenor
mark.petticrew@lshrm.ac.uk

Peter Tugwell,
Co-Convenor
elacasse@uottawa.ca

Vivian Welch,
Advisory Member
vivian.welch@uottawa.ca

*We welcome your contributions—
please contact us to join our mailing
list or get involved!!*



Ottawa Equity Workshop, February 2007

EPOC Satellite on LMICs

By Elizabeth Paulsen, for the Effective Practice and Organisation of Care Group Oslo Satellite

The Norwegian satellite of the Effective Practice and Organisation of Care Group (EPOC) was established in November 2006. The primary purpose of the satellite is to support the production and updating of Cochrane EPOC reviews that address health systems questions that are relevant to low- and middle income countries (LMICs).

The satellite is based at the Norwegian Knowledge Centre for Health Services in Oslo, Norway and has the following members of staff: Andy Oxman (Editor), Marit Johansen (Trial Search Coordinator), Elizabeth Paulsen (Review Group Coordinator), and Jan Ødegaard (Statistician).

In the past year, some of the activities that have been implemented include:

- Official launch of the satellite in Oslo. The one day workshop attracted over 200 participants representing different organisations, mostly from LMICs, (see report at: <http://www.kunnskapssenteret.no/index.php?back=2&artikkelid=763>)
- Several talks and trainings to increase visibility of the Oslo satellite e.g. EPOC

seminar and workshop on systematic reviews and complex interventions (London School of Tropical medicine and Hygiene), Talks and workshops at Gonoshasthaya Kendra, ICDDRDB and the Independent University (South Asian Cochrane Network)

- Established collaboration with partner organisations/institutions like the Alliance for Health Systems and Policy Research, EVIPNet
- Training of reviewers working on health systems questions from Uganda and Bangladesh
- Editorial support provided to 12 reviews that are currently in progress

Recently/soon to be published protocols/reviews:

- Effects of changes in the pre-licensure education of health workers on health worker supply
- Pharmaceutical policies: effects of cap and co-payment on rational drug use
- The effect of social franchising on access to and quality of health services in low- and middle-income countries (to be published in Issue 2, 2008)

- In-service training in the care of the seriously ill newborn or child for health professionals in developing countries (to be published in Issue 2, 2008)

Protocols/reviews in progress:

- Interventions for improving coverage for child immunisation in developing countries
- Interventions to control emigration of health professionals from low and middle income countries
- Interventions for increasing the proportion of health professionals practising in under-served communities
- The impact of conditional cash transfers on access to health services in low and middle income countries
- The impact of contracting out on access to health services in low and middle income countries

If you are interested in working on a review or providing support for reviews relevant to EPOC with a focus on low- and middle-income countries, please contact Elizabeth Paulsen for additional information (elizabeth.paulsen@nokc.no).

ATTENTION REVIEW AUTHORS:

Are you looking to incorporate equity into your review? Our Equity Checklist is a tool that can help! Please visit www.equity.cochrane.org and look under "Our Publications" to download.

Proposed registration of a Cochrane Public Health Review Group – a focus on equity



By Jodie Doyle, Elizabeth Waters and Rebecca Armstrong, for the Cochrane Health Promotion and Public Health Field.

www.ph.cochrane.org

We would like to introduce your readership to the proposed Cochrane Public Health Public Health Review Group (PHRG). Through 2007, the Health Promotion and Public Health Field consulted with relevant individuals and organisations, as well as with existing Cochrane entities, including the Cochrane Health Equity Field and Campbell Equity Methods Group, on the need for this new group, on issues of topic scope and on editorial policies. Application for registration was submitted to the Cochrane Monitoring and Registration Group in early February 2008 and a decision is expected for mid-April. This proposed transition has been led by Elizabeth (Liz) Waters, who is Professorial Fellow, Public Health and Health Equity at the University of Melbourne and who will be assigned the Co-ordinating Editor position of the proposed PHRG.

The demand for a Cochrane PHRG stems from the Collaboration's mission to provide up to date relevant evidence for health care decision making, including public health. Within the public health community there has been a call for evidence of public health interventions on *The Cochrane Library* that are outside the scope of existing Cochrane review groups but important to decision making in public health. Internationally, there is a need for evidence that supports action on social determinants of health arising as a result of the Global Commission on Social Determinants of Health, and calls have been made for relevant public health policy evidence that spans regulation, legislation and population level interventions.

The proposed PHRG's topic scope will be upstream public health interventions targeted at populations or target

groups, i.e. those that aim to address the distal determinants of health and affect material factors and social structural conditions, such as equity, social gradients, poverty, social exclusion, racism and discrimination, housing and social environments. Given the population health focus and the underlying principles of public health, these reviews will have a focus on making a contribution to better understanding what works for whom, why and at what cost, and what works specifically in improving health equity and reducing health inequalities. The PHRG will make a particular effort to prioritise the review needs for low and middle income countries. The PHRG will look to work closely with existing Cochrane groups to establish supportive working relationships, share registration topics (possibly within the Campbell Collaboration too) and also aim to influence the direction and conduct of new primary research in public health. There has also been emerging interest in the possibilities of hubs/networks around the world, including Canada, Germany, Asia and Africa, to facilitate local opportunities for collaborative involvement in the new PHRG.

Topics with a significant focus on equity potentially under the scope of the PHRG would include: provision of scholarships to economically vulnerable students to improve academic and health outcomes; contracting out primary health care services to NGOs (to increase uptake of services by the poor) and; equity funds financed by government to increase health insurance coverage specifically for the poor.

We aim to continue our strong and supportive relationship with the Cochrane Health Equity Field. We are currently involved in the Cochrane funded project, *Prioritizing Cochrane review topics to reduce the know-do gap in low and middle income countries*, in partnership with the Field, the Cochrane Developing Countries

Network, and the Norwegian Satellite of the Cochrane Effective Practice and Organization of Care Group. This project will help to identify public health topics of relevance to LMIC and those that fall within the PHRG's defined scope will be promoted and supported as priority topics for review by our Group. We are delighted that Mark Petticrew, Co-Convenor of the Cochrane Health Equity Field, has agreed to an editorial role within the group. Peter Tugwell has been extremely supportive of our transition and has agreed to represent the Cochrane Health Equity Field/Campbell Equity Methods Group at our planned editorial and methods advisory group meeting in March of this year. We are also planning a meeting during the Freiburg Colloquium to further discuss the ongoing role of this methods advisory group in feeding into the work of the Campbell Equity Methods Group. We will also continue to revise our *Guidelines for Systematic Reviews of Health Promotion and Public Health Interventions* and incorporate recommendations from the Cochrane Health Equity Field/Campbell Equity Methods Group to help PHRG review authors appropriately include issues of equity in their reviews.

The PHRG will maintain its current administrative location at the premises of the Victorian Health Promotion Foundation (VicHealth), in Victoria, Australia, whilst supporting its geographically diverse editorial group and future authors, hand-searchers and peer reviewers. With a focus on upstream interventions and equity, we aim to mainstream equity issues and show the importance of creating a conceptual framework for reviews which explicitly address an equity agenda. We certainly welcome your readership to become involved in any way possible to join us in this important task.

Petitions for Free Access to the Cochrane Library

The Cochrane Library is an on-line resource that contains the *best available evidence* regarding the benefits and harms of health care treatments and health policy decisions; that is: *what works*. The Library contains syntheses of research (called systematic reviews) that are considered the 'gold standard' of their kind; in fact they have been shown to be of superior quality to non-Cochrane systematic reviews. The reviews bring together the most reliable and recent research evidence, they are completed by members of an independent organization, and their goal is to help people make informed decisions about their health care and help health care providers give the best advice and treatment possible to their patients.

Systematic reviews not only address if a treatment is effective, but also identify potential risks, harms or ineffective treatments to help improve health and health care reduce overall costs.

In addition to over 3000 Cochrane reviews, *The Cochrane Library* contains reliable information from health research organizations around the world: abstracts of other systematic reviews, health technology assessments, economic evaluations, and individual clinical trials. In total the Library holds over 540,000 records. All of this information supports evidence informed health care decisions. Many countries provide free access to *The Cochrane Library* for their citizens.



European Union: Citizens in a number of EU countries do not have free direct access to *The Cochrane Library*. We are petitioning the European Commission to finance EU Provision to the Cochrane Library free of charge for all citizens of the Member States of the EU. Please join our

efforts by signing the petition at <http://cochrane.epetitions.net>.

Canada: Canada still lacks a national license to this rich resource. We believe any Canadian should have access to the full contents of *The Cochrane Library*. Please join our request for funding by signing our petition at <http://nlccl.epetitions.net> by May 8, 2008.



News Briefs

March, 2008—The Canadian Cochrane Symposium. Lara Maxwell of the Cochrane Musculoskeletal Group (CMSG) will be presenting the results of a joint project between the CMSG and the Equity Field. Her oral presentation, "Is equity considered in CMSG reviews?" will be given on Friday, March 7th in Edmon-

ton. If you would like more information about this work, please contact Lara at lm Maxwell@uottawa.ca.

December, 2007—UC Atlas Conference. This past December, Field

Co-Convenor Dr. Peter Tugwell was a keynote speaker at the Mapping Global

Inequalities: Beyond Income Inequality conference in Santa Cruz, California.

Experts at the conference came from a wide variety of fields, ranging from geography and gender studies to public health and economics. Peter presented on Health Inequalities,

describing the differences in relative versus absolute changes, and illustrating how mapping tools such as Worldmapper can be used to present inequalities in health. The Field was also commissioned to write a paper for this conference; please visit <http://repositories.cdlib.org/cgirs/mgi/mgi-22/> to download a copy.

October, 2007—Bogota Graduate Seminar. Field Advisory Board member Vivian Welch was invited to speak on equity and global health at a graduate seminar in public health at the Universidad Nacional de Colombia in Bogota, Colombia. The Field was also invited to submit a paper to the university's journal, *Revista de Salud Pública del Instituto de Salud Pública de Universidad Nacional de Colombia*; the paper is currently in press.

