

Equity Update

Cochrane Health Equity Field and Campbell Equity Methods Group

September 28, 2008

Volume 2, Issue 2

Table of Contents

Letter from our team	I
Canadian Collaboration for Immigrant and Refugee Health	I
ACTION Global Health Network Launched	2
Team contacts	2
Equity Events: Cochrane and Campbell	3
Equity Events: Freiburg, 2008	4
Update: Cochrane Public Health Review Group	4
Update: Cochrane Musculoskeletal Review Group	4
Workshop. Special Session on economics and equity in health care: Current perspectives and evidence	5
Narratives for Knowledge Translation: Canadian Cochrane Symposium, March 2008	6
Canadian Institutes of Health Research (CIHR) Fund Argentina-Canada Collaboration on Patient Safety	7
News from the Field	8

Letter from our team

Dear Equity Colleagues,

We hope you enjoy our third newsletter! This issue includes updates from the Cochrane Public Health Review Group and the Cochrane Musculoskeletal Review Group,

along with introductions to the Canadian Collaboration for Immigrant and Refugee Health and the new ACTION Global Health Network. Thank you to our contributors!

We look forward to seeing many of our friends and colleagues at the Cochrane Colloquium in Freiburg.

Best regards,
The Equity Team

Canadian Collaboration for Immigrant and Refugee Health

By Patty Thille for the Canadian Collaboration for Immigrant and Refugee Health

Overview

In 2004, the Canadian Collaboration for Immigrant and Refugee Health (CCIRH) was launched with the aim of linking primary care and specialist clinicians, population health researchers, epidemiologists, multicultural health brokers, and policymakers from across Canada to improve the health of vulnerable immigrant populations.

The focal project of the CCIRH to date has been to develop practical Canadian guidelines for primary care pro-

viders based on the best evidence for addressing preventable health issues for immigrants and refugees during the first five years of the resettlement process. The project is a

joint collaboration between specialists, primary care practitioners, and other contributors with expertise in the field of immigrant and refugee

(Continued on page 3)



CCIRH Steering Committee meeting, July 2008 www.ccirh.uottawa.ca

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

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

Peter Tugwell,
Co-Convenor
elacasse@uottawa.ca

Erin Ueffing,
Field Administrator
erin.ueffing@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!!*

www.equity.cochrane.org

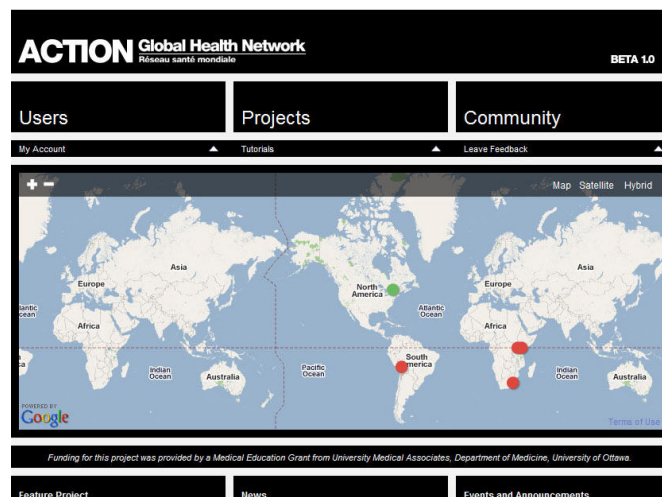
ACTION Global Health Network Launched

Editor's Note: We are excited to support this new initiative. We encourage those working in equity/global health to join!

By Andrew Petrosioniak and Alain-Remi Lajeunesse (AGHN development team) and Dr. Anne McCarthy (Director of the ACTION Global Health Network)

After two years of planning, design and research, we are pleased to announce the launch of the ACTION Global Health Network (AGHN). This initiative emerged from a need within Ottawa's global health community to better foster communication and collaboration. For years in Ottawa, countless individuals and groups have been involved in and contributed to global health efforts around the world, however, no centralized database to coordinate projects and opportunities has existed.

To meet these growing needs, a group from the Faculty of Medicine at the University of Ottawa developed an interactive online database. We envision this project to facilitate communication and partnerships amongst those involved in Ottawa's global health community. Its primary function is to centralize global health efforts and promote



www.actionglobalhealth.ca

efficiency.

This novel initiative takes advantage of the utility of the internet by creating a highly searchable global health database for the site's users. The site has three main sections: users, projects, and community. To start, individuals create their own profile on the site. They are then prompted to add projects with which they have been or are currently involved. As projects are added, their brief descriptions become part of the site's map, powered by the Google map application. This provides users with an easy way to search the world for projects relevant to their own interests. Included in project descriptions are opportunities for collaboration and trainees. Finally, the community

section provides a discussion board and links to other initiatives, projects and sites; these are also populated by the site's users.

The AGHN is targeted at health-care trainees and professionals involved in global health. In keeping with the trend of online sharing and cooperation, we have developed a network that will meet the needs of its users by allowing users to determine its content. Please check out www.actionglobalhealth.ca and join this exciting new initiative which will serve as a model for future developments in global health networking.

Contact information:
Andrew Petrosioniak
apetr069@uottawa.ca



(Continued from page 1)

health from across Canada. The project is based at the Centre for Global Health, Institute of Population Health, at the University of Ottawa and funded in part by the Public Health Agency of Canada. Drs. Peter Tugwell and Kevin Pottie are co-principal investigators.

Identifying Priority Conditions

Using a modified Delphi consensus process, primary care practitioners applied specific criteria to select priority conditions for guideline development. Delphi participants ranked conditions by: **importance** (conditions which are the most prevalent health issues for newly arriving immigrants and refugees and/or with a high burden of illness; **usefulness** (conditions whose guidelines could be practically implemented and evaluated); and **disparity** (conditions which may not be currently addressed or poorly addressed by initiatives or measures that target the general population). Participants made choices based on competing demands, and by imagining that the guidelines under development might be used by new clinicians at a clinic serving new immigrants or those who do not often see immigrant and refugee patients. Twenty priority conditions were identified, and teams of authors sought to review the evidence in relation to each one.

Reviewing the Evidence

A consensus meeting of 22 experts in immigrant and refugee health (clinicians, epidemiologists, public health and immigrant community representatives) developed a systematic 14 step process to identify, synthesize and evaluate the literature. A standardized search strategy was used and the quality of identified studies assessed with validated tools.



CCIHR Steering Committee meeting, March 2008

www.ccirh.uottawa.ca

Guideline Development

Data specific to baseline prevalence/risk, clinical preventative actions and related outcomes, and values/preferences of patients and providers was synthesized and clinical recommendations made based on the GRADE approach. Based on the evidence reviewed, the Steering Committee debated and decided whether or not to recommend the preventative or screening manoeuvre, considering three main criteria: benefits and harms, quality of the evidence, and values/preferences.

Progress to Date

To accommodate differing availabilities of teams, the project has proceeded in two phases. The first phase includes ten of the eighteen topics, and is now near completion. First phase manuscripts will be submitted to CMAJ in the fall, 2008. The second phase is ramping up, with the GRADE recommendations meeting planned for mid-November 2008, and manuscript completion in early 2009.

Contact information:

Nina McEvoy, Project Assistant
nina.mcevoy@uottawa.ca

Equity Events: Cochrane and Campbell

October 3-8, 2008
 Cochrane Colloquium
 (Freiburg, Germany)

March 11-12, 2009
 Canadian Cochrane Symposium
 (Halifax, Canada)

May 19-21, 2009
 Campbell Colloquium
 (Oslo, Norway)



Equity Events:

Freiburg, 2008

Friday, October 3rd

14:15-15:45 *Meet the Entities*

Saturday, October 4th

14:15-15:45 *Workshop*: Ensuring relevance and building enthusiasm for Cochrane reviews: determining appropriate methods for identifying priority topics for future Cochrane reviews

Sunday, October 5th

11:30-13:00 *Oral Presentation*: Costs and cost-outcomes of school feeding programs in Africa

Tuesday, October 7th

07:30-9:00 *Meeting*: Cochrane Health Equity Field and Campbell Equity Methods Group (open)

14:15-15:45 *Workshop*: Economics and equity in health care: current perspectives and evidence

Please join us!

Update: Cochrane Public Health Review Group

By Jodie Doyle, Review Group Coordinator

We are pleased to announce that in April 2008, the new Public Health Review Group was officially registered with the Cochrane Collaboration.

The Public Health Review Group looks forward to meeting more of our 'Equity' colleagues at the upcoming Colloquium in Freiburg this year. We have a full program of programs and meetings and invite you all to attend the sessions we will be hosting (see below). Our topic scope of interventions addressing the

broader, 'upstream' determinants of health, will be of interest to many with a focus on equity. We are very committed to ensuring all our reviews consider the impact of interventions on health equity.

Friday, October 3rd

1415 - 1545 - Meet the Entities session (feel free to visit our table and introduce yourself!)

Saturday, October 4th

0730 - 0900 - Open Public Health Group meeting

1415 - 1545 - Workshop: "Ensuring relevance and building enthusiasm for Cochrane reviews: determining appropriate

methods for identifying priority topics for future Cochrane reviews"

Sunday, October 5th

0730 - 0900 - Public Health Group and Campbell Groups Joint Meeting

Poster presentations

"Developing a search filter for upstream public health interventions"

"Beyond synthesis: developing a research program on knowledge translation and exchange"

Contact information:

Jodie Doyle

www.ph.cochrane.org

Update: Cochrane Musculoskeletal Review Group

The Cochrane Health Equity Field would like to thank the Cochrane Musculoskeletal Group (CMSG) for their support of our work and equity. On their Title Registration form, the CMSG is now asking review authors whether their review will consider equity. If you are a review author and are interested in equity,

please contact Erin Ueffing at erin.ueffing@uottawa.ca. We've developed some resources on equity for reviewers, including an equity checklist, and would be happy to offer our help and expertise. We look forward to working with CMSG review authors as they address health disparities and equity issues!

We have been collaborating with the CMSG on a project assessing equity in CMSG rheumatoid arthritis reviews. We are excited to announce that we have a paper on this work in press with Arthritis Care and Research; our anticipated publication date is November 2008.

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.

Workshop. Special Session on economics and equity in health care: current perspectives and evidence

XVI Cochrane Colloquium, Freiburg, Germany. Tuesday, October 7th, 2008: 2:15-3:45 PM.

CHAIRS: Mark Petticrew^{1,2} & Miranda Mugford^{3,4}

PRESENTERS: David McDaid^{3,5}, Helen Weatherly^{3,6}, Damian Walker^{3,7} & Elizabeth Kristjansson^{1,8}

COORDINATORS: Erin Ueffing^{1,8} & Ian Shemilt^{3,4}

¹ Cochrane Health Equity Field-Campbell Equity Methods Group

² London School of Hygiene and Tropical Medicine, UK

³ Campbell & Cochrane Economics Methods Group

⁴ University of East Anglia, UK

⁵ London School of Economics & Political Science, UK

⁶ University of York, UK

⁷ Johns Hopkins Bloomberg School of Public Health, USA

⁸ University of Ottawa, Canada

OVERVIEW

Efficiency and equity are, alongside effectiveness, important goals of health care policy internationally and in many health care systems across the world. Considerations of equity and economic aspects of interventions are therefore key components of the evidence-base needed to inform health care decision-making. This workshop is a Special Session being organised jointly by the Economics Methods Group and the Health Equity Field. The session will explore the role, relevance and interactions between economics and equity perspectives and evidence in health care evaluation, research synthesis and decision-making. A series of four oral papers by leading researchers will be presented and discussed to profile current empirical studies and methods.

The workshop is intended for health care decision-makers, authors and editors of Cochrane and other systematic reviews, methodologists and anyone else with an interest in health equity and health economics issues. The session is suitable for participants with different levels of experience of economics and equity issues, including those with no prior knowledge.

PAPER ABSTRACTS

What place for equity considerations in economic evaluation? An overview of the state of play.

David McDaid

Evidence of persistent and, in some cases, widening health inequalities within populations has helped raise equity considerations up the health policy agenda. Economic evaluation, a tool increasingly used as an aid by decision makers looking at how best to make use of scarce resources within health systems, has however traditionally focused on the pursuit of efficiency goals alone. These goals may sometimes be in conflict with health equity objectives. This paper provides an introductory overview of this so-called 'equity-efficiency' trade-off and examines whether equity considerations are now incorporated into the procedures of health technology assessment agencies and other coverage/ reimbursement bodies. It also briefly illustrates some different methodological and practical developments that are now being used as part of economic evaluations to meet changing policy goals which pursue the dual objectives of equity and efficiency.

Equity and economic evaluation in public health.

Helen Weatherly

Health equity is a key objective of public health policy across the world. However, economic evaluations in public health tend to focus on maximizing health gain: health equity considerations are rarely mentioned. This paper offers four different approaches for the explicit incorporation of equity considerations into the economic evaluation of public health interventions.

Is there always a trade-off between efficiency and equity? A review of evidence from immunization programs.

Damian Walker

One concern when expanding coverage of immunization programs is that because this will require more intensive efforts to find unvaccinated children, the cost of vaccinating each additional child will increase. However, it does not follow that vaccination will become less cost-effective when coverage is expanded because the increase in effectiveness may be even greater than the increase in costs. This can happen because incidence is higher among the unprotected population or because, for a common risk of incidence, severity is greater among the unprotected population. This paper will review evidence from immunisation services in developing countries to assess under what conditions gains in both efficiency and equity are possible.

Costs and cost-outcomes of school feeding programs in Africa.

Elizabeth Kristjansson

This paper presents a cost and cost-outcome study of school feeding programs, based on a recent Cochrane-Campbell review undertaken by members of the Health Equity Field (Kristjansson,

(Continued on page 8)

Narratives for Knowledge Translation: Canadian Cochrane Symposium, March 2008



Canadian Cochrane Symposium
Edmonton, Alberta: March 6-7, 2008

By Tamara Rader for the Cochrane Musculoskeletal Group

The Cochrane Musculoskeletal review group (CMSG) and the Cochrane Health Equity Field are currently exploring the use of narratives as a knowledge translation tool to disseminate the results of Cochrane reviews, with funding from the Canadian Institutes of Health Research (CIHR). Narratives may increase accessibility of Cochrane reviews to people with low literacy and low health literacy. Improving the accessibility and relevance of health information to disadvantaged groups may reduce health inequities by improving the use of appropriate health care, public health services, and prevention strategies. Two workshops took place in Edmonton in March 2008. One was aimed at researchers and the other at consumers.

Cochrane reviews and storytelling: can they work together? A workshop for consumers.

Storytelling is emerging as a knowledge translation tool in diverse fields, from health communication to business/management fields, and has been explored conceptually in the medical education literature. Stories can help personalize, market (or sell) and illustrate research findings within the decision-making context of the audience. We were inter-

ested to find out from consumers whether stories (aka narratives) would be an interesting and acceptable way to deliver the messages contained in Cochrane reviews.

Our discussion involved how patient's stories could complement Cochrane reviews. Different styles and formats of stories were presented as well as the importance of Consumers brainstormed about how narratives and research evidence can be combined to achieve optimum effects.

About 20 consumers, some from CMSG and some from other Cochrane groups discussed the possible opportunities and challenges in using narratives to share the results of research.

Some ideas from the workshop:

- stories represent a powerful means of communication, and it was noted among the consumers at the workshop that it is common for people with chronic illnesses to share stories about their experiences when they meet for the first time.

- a challenge would be creating a story that accurately represented consumers.

- it is important to provide balance in the story between the evidence and peoples' experiences which may not agree with the evi-

dence.

- various formats would be of interest to consumers, including videos or audio stories

Can narratives be used as a knowledge translation tool for Cochrane systematic reviews? A workshop for researchers.

Story-telling (or narrative) is defined as the "art of portraying in words, images, and sounds what has happened in real or imagined events". Stories capture the attention of the listener as well as engage the audience in co-creating the story. Narratives engage people, provide context and understanding, foster discussion, make information relevant and are easily understood by the general population. Narratives have been successfully used in health promotion activities worldwide. Hence, narratives may represent a powerful tool for the translation of knowledge and evidence from systematic reviews to inform consumers, practitioners and decision makers.

We conducted a workshop for researchers and practitioners to discuss appropriate uses of stories for knowledge translation and best practices.

Discussion involved current use of narratives in KT

(Continued on page 7)

Canadian Institutes of Health Research (CIHR) fund Argentina-Canada Collaboration on Patient Safety

Volume 2, Issue 2

By Tamara Rader for the Cochrane Musculoskeletal Group and Vivian Welch for the Cochrane Health Equity Field

Colleagues from the Cochrane Health Equity Field (Peter Tugwell, Vivian Welch) and Cochrane Musculoskeletal Review Group (Tamara Rader, Anne Lyddiatt) are collaborating with Patients Online (Claudia Cattivera) and IECS in Argentina (Institute for Clinical Effectiveness and Health Policy) (Agustín Ciapponi) to improve patient safety in Argentina through enhanced patient empowerment and engagement in decision-making.

Healthcare is experiencing a shift towards increasing consumer participation in individual healthcare and in the healthcare system. It is possi-

ble that this involvement could lead to improved management of disease, improved health outcomes, a reduction of medical errors, and other positive outcomes. This shift is quite recent in Argentina.

Patients Online was developed in 2005, and has been one the leading organizations in the region to promote consumer involvement. Its founder, Claudia Cattivera is a recognized advocate of patient rights and was nominated as champion of patient safety by the Alliance for Patient Safety from the World Health Organization (WHO). She has been working closely with Agustín Ciapponi, a family physician who has great interest for patients' concerns and is actively involved in the Cochrane Consumers Network.

Both, joined by many others, have recently launched a new society named RAMPA (Patients and Physicians Working together for Understanding) which has more than 20 members representing different patient organizations.

The funding from CIHR will support a face-to-face collaborators' meeting in Argentina to develop a proposal for project funding. We plan to translate and test the Effective Consumer Scale (EC 17) (which aims to measure a consumer's ability to participate in and manage personal health care) as a tool for assessing the effectiveness of strategies to empower patients, including plain language summaries and network training activities.



(Continued from page 6)

and some important barriers including the possibility that narratives can neglect complicated contextual considerations, or introduce bias into

decision-making by not presenting balanced evidence on benefits, harms, and costs.

The CMSG continues to explore the use of narratives with consumers and other researchers.

Contact information:
Tamara Rader
trader@uottawa.ca

(Continued from page 5)

2007). The main objectives were to provide an estimate of the costs of school feeding and to combine these estimates with results of the Kristjansson *et al* review to estimate the costs of school feeding programs to the World Food Program (WFP), governments, and communities.

Costs were calculated for four African countries based on WFP documents and interviews with WFP staff, Ministry of Education staff, and teachers.

The number of days fed was standardised to 200 and the energy given to 700kcal. Cost per outcome was calculated by dividing the costs per child per year in each country/region by the average gain (e.g. IQ points, days of attendance, kg of weight) per 200 day school year. The study found that costs per child per year ranged from \$28 to \$61 dollars a year per child. The cost for an extra day of attendance per child ranged from \$4 to \$12, while the cost of an extra point on the Wide Range Achievement test ranged from \$31.6 to \$69.

This study provides evidence that School feeding programs improve some aspects of the health of disadvantaged children. The authors conclude that cost/outcome ratios may be reduced by focusing on enhancing student outcomes in ways that will lead to little cost increase, and provide several suggestions for making school feeding programs more cost-effective. This is particularly important in an era where world food supplies are dwindling.

News from the Field



August, 2008—Congratulations to Mr. and Mrs. Ueffing! The Cochrane Health Equity Field would like to congratulate its Field Administrator, Erin Ueffing (née Morris), on her marriage to Sandy Ueffing this summer. Erin's new email address is erin.ueffing@uottawa.ca.

June, 2008—The Cochrane Iberoamerican Network meeting. Vivian Welch, PhD candidate at the University of Ottawa and Field Advisory Board member, presented the scope of the Cochrane Health Equity Field at the Cochrane Iberoamerican Network meeting entitled Evidence and Bioethics, held in Costa Rica.

June, 2008—The Canadian Public Health Association Conference. The theme of this year's conference was "Public Health in Canada: Reducing Health Inequalities through Evidence &



Cochrane Iberoamerican Network meeting, June 2008

Left to right: Vivian Welch, Ana Rodríguez, Jordi Pardo, Claudia Cattivera, Agustín Ciapponi

Action." Field Administrator Erin Ueffing gave a workshop on the Equity Checklist.

May, 2008—Campbell Colloquium. Vivian Welch presented a workshop and an oral presentation on the Field's work with the World Health Organization Social Determinants of Health: Measurement and Evidence Knowledge Network (WHO MEKN).

Field Contact Information

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: erin.ueffing@uottawa.ca