

Research

How can Clinical Epidemiology help assess effectiveness efforts to reduce inequities in health? Special methodologic challenges

A workshop at INCLen Global Meeting XIX in Kunming, China

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In many countries, life expectancy has reached a new high, and infant mortality a new low. These averages however, obscure an uneven distribution of health, with health declining with socio-economic status. Given this inequity, there is increasing recognition that clinical epidemiologists need to consider the impact of interventions on health equity.

An international group is developing a methods interest group on Health Equity within the Cochrane and Campbell Collaborations. This group is looking at which interventions enhance health equity by assessing if such interventions: 1) reduce the rich-poor gap (and the gap across other socio-demographic factors) or 2) improve the health of the poor and most disadvantaged. [See related INCLen initiative, the Knowledge Plus Program, on page 3.]

At this workshop at the INCLen Global Meeting XIX in Kunming, participants worked in 3 small groups to discuss 2 questions related to clinical epidemiology and health equity.

The first question asked was "How to define the term disadvantage?" As a spring board for discussion, an acronym for defining disadvantage called PROGRESS (for P-place of residence, R-race/ethnicity/culture, O-occupation, G- gender, R-religion, E-education, S-socioeconomic status, S-social capital and resources) was given to the groups. Developed by Hilary Brown and Tim Evans at The Rockefeller Foundation, PROGRESS serves to illuminate the multi-dimensionality of the term disadvantage in terms of both access to care and health status. PROGRESS is currently being used by the Global Equity Gauge Alliance (www.gega.za.org) and the proposed Cochrane/Campbell Health Equity Interest Group.

The primary recommendations from the working groups were to adapt the definition to include the following concepts: perspective, stigma associated with certain diseases, and ecological and political dimensions. The perspective from which the definition is arising is important. The groups also suggested that surveys be done of potentially disadvantaged groups to determine their perception of disadvantage and health equity. The participants also suggested that stigma associated with certain diseases like mental illness, physical disability and HIV/AIDS needs to be incorporated in the PROGRESS acronym, particularly under social capital and resources. Ecological and political dimensions of equity, not captured in the PROGRESS acronym, need to be considered when trying to enhance health equity.

The second question focused on how to choose a study design to assess effectiveness and equity and what special issues need to be addressed. Recommendations from the working groups were to: consider implementation factors to improve uptake into clinical practice, especially for disadvantaged populations (this includes working with policy-makers, NGO's and all relevant stakeholders); combine both qualitative (e.g., ethnographic case studies, focus group discussions and process evaluation) and quantitative study designs to capture important dimensions and be able to explain differences in treatment effectiveness across groups; and

consider the importance of issues in the recruitment of patients. For example, researchers need to consider the place, time and setting where participants are recruited. Are these recruitment guidelines realistic for recruiting the disadvantaged population/s of interest?

In conclusion, PROGRESS is a good starting point for defining disadvantage. In assessing equity-effectiveness, multidisciplinary teams in collaboration with important stakeholders, such as policy-makers and NGO's, need to use different study designs (both qualitative and quantitative) and apply special methods to recruit the populations of interest. Measurement of differences needs to consider the clinical importance (not just statistical significance) of both individual variation and differences between groups of people.

Upcoming CLEN Regional Meetings

The **IndiaCLEN Annual Meeting** will be held in Lucknow, North India on September 23-26, 2003. This year's theme is "*Partnerships for Public Health in India*". For more information visit www.indiaclen.org or e-mail: indiaclen@touchtelindia.net

The **INCLen-Southeast Asia IX** is scheduled on November 6-8, 2003 in Manila, Philippines with the theme "*Research@thespeedofpolicymaking*". For details and updates visit www.inclensea.org or e-mail: coordinator@inclensea.org or AdministrativeOfficer@inclensea.org