



Equity and Access

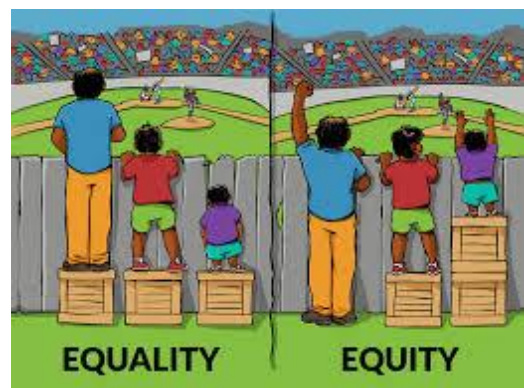
Professor Chris Cunningham

AVHEC 2019

Novotel Brighton-Le Sands, Sydney

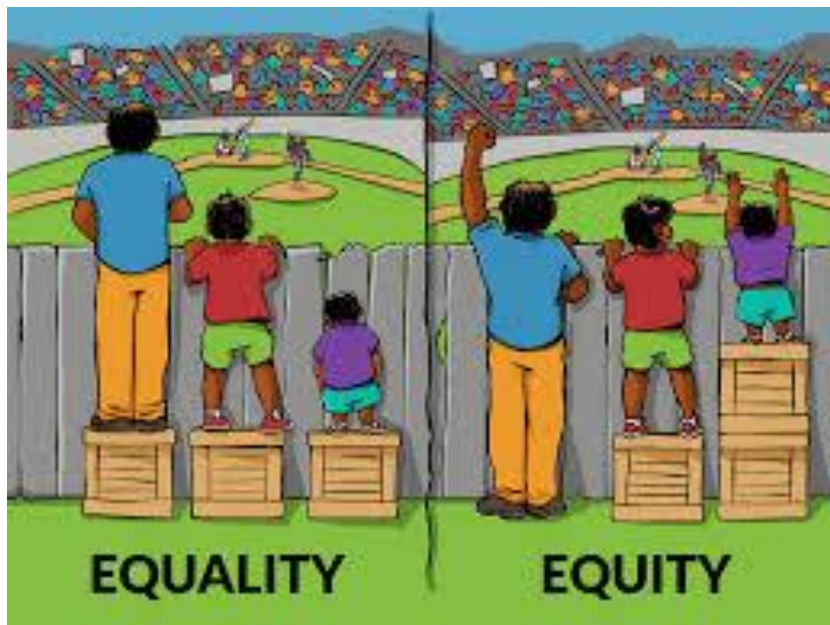
Presentation Summary

- Working definition of (IN)EQUITY
- PROGRESS tool
- Cochrane Collaboration



Equity versus Inequity

- Equity – fairness, justice, impartiality
 - Notional or ideal
 - Aspirational
 - Different inputs for the same outcome
- Inequity: valid explanations provide a focus
 - Inequality
 - Unfair
 - Remediable










INEQUITY

- An inequity
 - Is an INEQUALITY which is UNFAIR and REMEDIABLE
 - FAIR INEQUALITIES include clinical variation and Universal policy
- CARE – a description is NOT an explanation
 - Ethnicity is not modifiable
 - Health service RESPONSE to ethnicity is remediable

PROGRESS Jennifer Petrovic (O'Neill) and Colleagues

- **PROGRESS** refers to:

-  Place of residence
-  Race/ethnicity/culture/language
-  Occupation
-  Gender/sex
-  Religion
-  Education
-  Socioeconomic status
-  Social capital

FACTORS THAT
STRATIFY HEALTH
OPPORTUNITIES AND
OUTCOMES

Progress – Hepatitis B Vaccination/Screening

PROGRESS INDICATOR	INEQUITY	ACTION
PLACE	VACCINATION DEPENDENT ON PLACE OF BIRTH	TRAINING PROGRAMMES FOR COMMUNITY MIDWIVES
RACE/ETHNICITY	MAJORITY OF CLINICIANS FROM DIFFERENT ETHNIC GROUP	LOCALLY APPOINTED NAVIGATORS CULTURAL COMPETENCY
OCCUPATION	PARENTAL EMPLOYMENT RELEVANT TO ACCESSING SERVICES	WELL-CHILD CHECKS INTO THE COMMUNITY
GENDER	NON-RESPONSIVENESS TO SEX/GENDER DIFFERENCES	MATCHING SEX/GENDER OF PARENT AND WORKER
RELIGION	HIGH LEVELS OF RELIGIOUS PARTICIPATION CAN BE AN ASSET	CHURCH BASED PROGRAMMES
EDUCATION	NOT ALL CHILDREN WILL COMPLETE SECONDARY EDUCATION	TARGET HEALTH EDUCATION MATERIALS

Continued...

PROGRESS INDICATOR	INEQUITY	ACTION
SOCIO-ECONOMIC STATUS	UNDER-EMPLOYMENT AND LOW WAGES MAKES ACCESS DIFFICULT	PROVIDE FREE TRANSPORT
SOCIAL CAPITAL	REMOTE LOCATIONS HAVE FEWER RESOURCES	VILLAGES HAVE EFFECTIVE NETWORKS WHICH CAN BE SUPPORTED AND USED

<https://methods.cochrane.org/equity/e4e-series>

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Evidence for Equity

- ◆ CONSORT-equity
- ◆ Evidence for Equity
 - ◆ E4E series
 - ◆ PROGRESS-Plus
- ◆ PRISMA-E 2012
- ◆ Homeless Health Guidelines
- ◆ Home-Based Records
- ◆ Sex/Gender Cochrane Corner
- ◆ Sociodemographic Data Collection
- ◆ Stakeholder Engagement in Guideline Development
- ◆ Systematic Review Replication
- ◆ Youth Refugees

Evidence for Equity (E4E) is a special collection of user-friendly summaries of systematic review, with assessment of whether they can be applied/extrapolated to disadvantaged populations.

E4E is still in development.

E4E PowerPoint slides



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 - ◆ Malaria
 - ◆ Mental Health
 - ◆ Mental Health - Juvenile Delinquency
 - ◆ Nutrition
 - ◆ Public Health
 - ◆ Tuberculosis
 - ◆ PROGRESS-Plus

Evidence for Equity (E4E) Series -

collection of systematic review summaries








E4E seeks to highlight which interventions work and which don't work (and may be harmful) and to provide this information to people making decisions about health to improve health equity.

HIV/AIDS


- this section provides evidence for interventions to prevent and treat HIV/AIDS


Malaria

- this section provides evidence for interventions to prevent and treat malaria

Interventions	Outcomes				
	HIV Incidence	HIV Testing	Improved access to treatment	Reduced risky sexual behaviour	Reduced STD incidence
Circumcision					
Antiviral therapy					
Mass media					
Decentralisation of HIV treatment services					
Interventions in occupational settings					

Legend

 Adult female

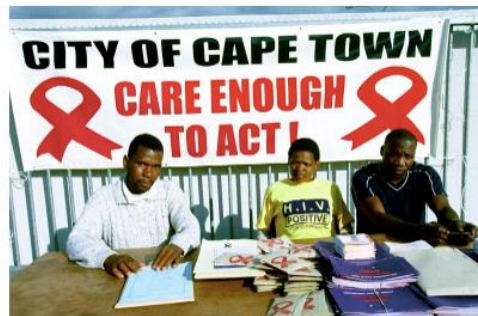
 Adult male

 Children

Mass media

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 - ◆ Decentralisation
 - ◆ Male Circumcision
 - ◆ Mass Media
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 - ◆ Nutrition
 - ◆ Public Health

Mass media interventions, such as leaflets, improve uptake of HIV testing (between 6% and 16%).



About this summary

Who is this summary for?

People making decisions about HIV/AIDS treatment and management.

This summary is based on the following systematic review:

Vidanapathirana J, Abramson MJ, Forbes A, Fairley C. [Mass media interventions for](#)

Summary of Findings [SOF] Table: Mass media interventions for promoting HIV testing

Patient or population: Pregnant women attending the main maternity hospital

Settings: Edinburgh, UK

Intervention: Leaflets

Comparison: No intervention

Outcomes	Anticipated absolute effects per year		Rate ratio (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)
	Risk without mass media (Control)	Risk with mass media (95% CI)			
Uptake of HIV testing (RCT)	5 people per 100 get tested	29 more get tested per 100 (from 21.1 to 39.5 more)	6.29 (4.84-8.19)	3024 (1)	Moderate ¹
Uptake of HIV testing (CCT)	5 people per 100 get tested	43 more get tested per 100 (from 36.3 to 49.1 more)	15.96 (12.33-20.66)	1918 (1)	Moderate ¹

Adverse events: in the RCT, 14% of the participants both the delayed and early treatment arms had severe adverse events such as infections, gastrointestinal disorders, metabolic and nutritional disorders and psychiatric and nervous system disorders.

Relevance of the review for disadvantaged communities

Mass media interventions, such as leaflets, improve uptake of HIV testing (between 6% and 16%).

There is no evidence to suggest the mass media campaigns would not be effective in increasing VCT rates among the disadvantaged provided the testing is accessible to everyone

Findings	Interpretation
Equity – Which of the PROGRESS groups examined	
All included studies were conducted in non-epidemic, high-income countries.	Mass media programs provided short term increases in VCT in high-income countries.
One study examined the effectiveness of a mass media campaign on pregnant women.	There was not enough evidence to indicate whether different messages and delivery mediums affect the effectiveness of mass media programs for pregnant women.
One study examined the effectiveness of a mass media campaign on low income, ethnic minority women	There was not enough evidence to indicate whether different messages and delivery mediums affect effectiveness of mass media programs depending on gender, income, race, ethnicity, or culture.
One study examined the effectiveness of a mass media campaign on gay and bisexual men.	There was not enough evidence to indicate whether different messages and delivery mediums affect effectiveness of mass media programs depending on sexual orientation.



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www.avhec2019.com

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