We will start at 2 p.m. Eastern

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Priority-setting in Public Health: Evidence and Ethics in Decision-making

Webinar | February 21, 2017
2:00 p.m. – 3:30 p.m. (EST)

Dr. Megan Ward
Associate Medical Officer of Health, Region of Peel – Public Health

Michael Keeling & Olivier Bellefleur
National Collaborating Centre for Healthy Public Policy

Presented by:
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To ask questions during the presentation

Please use the chatbox at any time.

Please note that we are recording this webinar, including the chat, and we will be posting this on the NCCHPP’s website.
Your presenters today

Dr. Megan Ward
Associate Medical Officer of Health,
Region of Peel – Public Health

Michael Keeling
National Collaborating Centre for Healthy Public Policy

Olivier Bellefleur
National Collaborating Centre for Healthy Public Policy
Declaration of real or potential conflicts of interest

Presenters:
Dr. Megan Ward, Olivier Bellefleur and Michael Keeling

I have no real or potential conflict of interest related to the material that is being presented today.
The National Collaborating Centres for Public Health

- National Collaborating Centre for Aboriginal Health
  - Prince George, B.C. | www.nccah.ca

- National Collaborating Centre for Infectious Diseases
  - Winnipeg, MB | www.nccid.ca

- National Collaborating Centre for Determinants of Health
  - Antigonish, N.S. | www.nccdhe.ca

- National Collaborating Centre for Environmental Health
  - Vancouver, B.C. | www.ncceh.ca

- National Collaborating Centre for Methods and Tools
  - Hamilton, ON | www.nccmt.ca

- National Collaborating Centre for Healthy Public Policy
  - Montréal-Québec, QC | www.ncchpp.ca
What you said...

• The results from our questionnaire, in brief:

**Evidence-informed PH**

- I don’t know: 1
- I have read a bit on the subject: 2
- I am an expert: 4

**Public health ethics**

- I don’t know: 1
- I have read a bit on the subject: 2
- I am an expert: 3
Our goals today:

• Introduce issues related to priority-setting and decision-making in a public health unit,

• Use an ethics framework to help us to identify the ethical issues that arise in a case study involving priority-setting, and

• Provide you with additional resources on evidence-informed decision-making and on public health ethics.
Let’s start with a problem…

We know that tobacco use is a major risk factor for morbidity and premature mortality.

Over recent years, tobacco use has declined in Canada but appears to be levelling off and many Canadians, even those who want to quit, find quitting difficult.

In addition, there is evidence to suggest that those of lower socioeconomic status are overrepresented among continuing smokers.

What to do? How to decide?

Numerous factors can be involved in **framing**, **motivating**, **influencing**, **informing** and **justifying** our responses to a problem.

- Blind spots/biases
- Legal/regulatory environment
- Institutional culture/norms
- Acceptable to public/decision makers
- Feasibility
- Professional standards
- Organizational mandate
- Social status/privilege
- Values
- Scientific + other evidence
- Cost-effectiveness

**Ethics**: analysis  
Analysis of the ‘problem’  

Your suggestions?

These are just a few among many. All of these are important and call for critical attention.
Your province’s health units (HUs) have been asked to support the province-wide quit and win contest. The contest, held every year for the past decade, offers prizes to regular smokers who sign up and quit smoking for three months.

A high-quality systematic review has shown that the program has had limited results in your region. The study revealed that only one in 576 smokers could be expected to quit for 12 months as a result of the contest. The participation rate in past years was .8%, or about 1500 out of 170 000 smokers in the health region. Most participants are middle class, white females, while the majority of smokers are ethnically diverse and are more likely to be male.

Your HU is expected to contribute $40 000 towards promoting the program, while $40 000 in prizes is offered by sponsors.

Based on the systematic review and the participation rate, your HU has decided to cease its support of the quit and win program and will allocate its funds elsewhere.

The Question:
Is your health unit doing the right thing?

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Photo: 11:00 A.M. Monday, May 9th, 1910. Newsies at Skeeter’s Branch, Jefferson near Franklin. They were all smoking. Credit: Lewis Hine. The Met Collection Online. Public Domain: http://images.metmuseum.org/CRDMuseumImages/ph/original/DP352686.jpg
At first glance, should you support this decision?

Hmmm.
Maybe?

YES!  NO!

?
Priority setting in Public Health: Evidence and Ethics in Decision Making

February 21, 2017

Megan Ward    Peel Public Health
Conflict of interest

- None to declare
The Health Issue

- 170,000 smokers
- Local health department tobacco programming: prevention, protection, cessation
- Driven to Quit contest to encourage cessation
The context

- Provincially mandated program
- $40,000 plus 4 months staff time
- High growth area with limited resources: looking for most impactful programming
- Contest very popular with PH staff
The evidence

- No evidence of sufficient quality that Quit and Win contests are effective in producing short or long term cessation
- Number needed to treat for one person to quit is about 500 (NNT = 500)
- Studies using biochemical markers to confirm cessation have shown that self report estimates are too high
- Other potential study biases include small sample size, high attrition rates, baseline differences between intervention and control groups
Effectiveness

- 170,000 smokers
- 1500 participants
- Number needed to treat of 500
- Expect 3 people to quit as a result of the contest
Cost effectiveness

- 3 quitters at a cost of:
  - $40000 program implementation costs
  - Plus 4 months of staff time
  - Plus cost of prize (third party cost)
The dilemma

Should we deliver a required program which we believe won’t work?
The decision

- Request to funder to redirect resources
- Research review; effective cessation strategies for culturally diverse population
- Elicit feedback from key stakeholders
- Communication plan
The consequences

- Redirected funds
- Extensive internal and external communication: unpopular decision
- New cessation programming
- Ultimately, stronger policy focus
Questions? Comments?

Next:
An ethical dimension in decision making
Why should we take an interest in public health (PH) ethics?

Because to act with professionalism in this situation, one must know:

• What interventions are effective and cost effective in order to maximize health with limited resources.
• Demographic and other information that can enable you to appropriately design and target interventions to sub-populations.

But we also need to:

• Pay attention to the direct and indirect effects that our decisions have on communities, groups, individuals and ourselves.
• Recognize the values that are being promoted and those that are being diminished.
• Be able to deliberate about options, make decisions, and justify them.

Ethics can help you to do these!
What can we use to help us think about ethical issues in public health?

- Nothing
- Intuitions
- Ethical theories
- Codes of ethics
- Values
- Frameworks
- Principles
- Cases
There are also different levels to consider...

**Macro**
- At the level of public policy or population health
  (e.g., policy promoting equitable, population-wide access to health benefits)

**Meso**
- At the level of organizations or groups
  (e.g., whole health unit has to be on board and supported, whatever the program choice)

**Micro**
- Between one or a few individuals
  (e.g., reach and effects of interventions ... every interaction is different, and important!)

Each perspective reveals different ethical issues - every level is important
What can we use to help us think about ethical issues in public health?

- Nothing
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Ethics frameworks for public health

- A framework is a guide that can help professionals to adopt an ethical perspective – no prior expertise in ethics is required.

- Alas, it will only *help* to guide you – the work is still up to you (especially the critical thinking) and so are the decisions.

- Many frameworks exist (see the resources at the end of this presentation).
Let’s discuss our case with the help of the ethics framework by Schröder-Bäck et al.

Case:
- Health unit uses systematic review data to question value of program
- Goes against provincial expectation of support from all health units
- Questions about whether program reach matches smokers’ demographics

The framework:

Its goal:
“to raise awareness of ethical issues within the practice of public health; and to provide a ‘toolbox’ to support thinking and reasoning (and possibly decision making) on the part of public health professionals [...]” (2014, p. 9).

Its structure:
Part 1: 7 principles
Part 2: 9 steps to guide ethical reasoning

Our adapted summary of the framework is available at: http://www.ncchpp.ca/127/publications.ccnpps?id_article=1525
### 1st part

1. Non-maleficence
2. Beneficence
3. Health maximization
4. Efficiency
5. Respect for autonomy
6. Justice
7. Proportionality

### 2nd part

1. Identify the issue in your own words: what is the underlying moral conflict?
2. Identify the issue in ethical words: Which principles apply here? How do we interpret them in this case? Which ones are in conflict with others?
3. Do we have all the information we need? What do we need to learn more about?
4. What alternatives are there? Are they feasible? Do they reduce moral issues or tensions?
5. Further interpretation of principles: With more information, does your interpretation change?
6. Weighing: Are all conflicting principles still of equal value? Does your interpretation push one or more into priority?
7. What do we conclude? What is our solution to the problem?
8. Integrity: Does the solution seem appropriate and acceptable? If it were to be implemented, could we live with it?
9. Act and convince others: Both will be based on your ethical reasoning and judgment
Schröder-Bäck et al. (1)

Principle 1:
NON-MALEFICENCE

- Will the proposed intervention harm anyone?
Schröder-Bäck et al. (2)

Principle 2: BENEFICENCE

- Will the intervention benefit every involved/affected individual?
Schröder-Bäck et al. (3)

Principle 3: HEALTH MAXIMIZATION

• Is the intervention effective?
• Is the intervention evidence-based?
• Does it improve the health of the population?

Program logic model:

HU supports program → Public (smoker) participation → Smokers quit for 3 months → Many continue to live smoke-free → Mortality / Morbidity

Key considerations on health maximization:
Effectiveness data in systematic review
Program reach out of sync. with setting-specific smoker demographics
Opportunity cost/cost-effectiveness (questions raised directly on next slide)
Principle 4: EFFICIENCY

- Is the intervention cost-effective?
- Would the resources be better directed to another option?
Schröder-Bäck et al. (5)

Principle 5: 
RESPECT FOR AUTONOMY

• Does the intervention involve coercion?
• Is it paternalistic?
• Does it promote autonomy?
• Are personal data/privacy handled appropriately?
Schröder-Bäck et al. (6)

Principle 6: JUSTICE

- Does the intervention involve or provoke any stigmatization, discrimination or exclusion?
- Will it reduce or increase social and health inequalities (inequities)?
- Will vulnerable sub-populations be considered and supported?
- Will it enhance or corrode social cohesion and solidarity?
Schröder-Bäck et al. (7)

Principle 7: PROPORTIONALITY

- Among the possible alternatives, does the intervention impose the least burdens upon people?
- Are its burdens in proportion with its hoped-for outcomes?
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Schröder-Bäck et al. (2\textsuperscript{nd} Part)

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Now, we’ll ask again: Should you support this decision?

Hmmm. Maybe?
Questions and discussion
To learn more about Evidence-informed decision-making (EIDM)

Resources:

• Understanding Research Evidence Videos
  – Effectiveness of Interventions: Understanding the Number Needed to Treat
    
    http://www.nccmt.ca/resources/multimedia

• Registry of Methods and Tools
  – Priority Setting Process Checklist
    
    http://www.nccmt.ca/resources/search/106
To learn more about EIDM (2)

Resources:

• **Online Learning Modules**
  – Critical Appraisal
  – Assessing the Applicability and Transferability of Evidence
  – Evaluating KT Strategies in Public Health

Some NCCHPP resources on public health ethics

http://www.ncchpp.ca/708/Repertoire_of_Frameworks.ccnpps

http://www.ncchpp.ca/127/publications.ccnpps?id_article=1525

http://www.ncchpp.ca/127/Publications.ccnpps?id_article=1527

http://www.ncchpp.ca/127/Publications.ccnpps?id_article=1517

http://www.ncchpp.ca/128/presentations.ccnpps?id_article=1553

http://www.ncchpp.ca/127/Publications.ccnpps?id_article=1426
Acknowledgements and thanks

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**Dr. Megan Ward** – Associate Medical Officer of Health, Region of Peel – Public health

for sharing her time and expertise with us.
Evaluation and continuing education credits

- We will send you an email with a link to an evaluation form for this webinar.

- In order to receive continuing education credits, you will have to fill out the evaluation form.

- To obtain continuing education credits, once you have filled out the evaluation form, you can click on a link that will take you to another form requesting your credits. Your evaluation form responses will remain confidential and will not be connected to your request for continuing education credits.
References


Thank you for joining us

This subject interests you?

Visit NCCMT’s (www.nccmt.ca) and NCCHPP’s (www.ncchpp.ca) websites for more resources

Or, write to us:
– Emily Clark at NCCMT (emclark@mcmaster.ca)
– Olivier Bellefleur at NCCHPP (olivier.bellefleur@inspq.qc.ca)
– Michael Keeling at NCCHPP (michael.keeling@inspq.qc.ca)