We will start at
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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:

Centre de collaboration nationale
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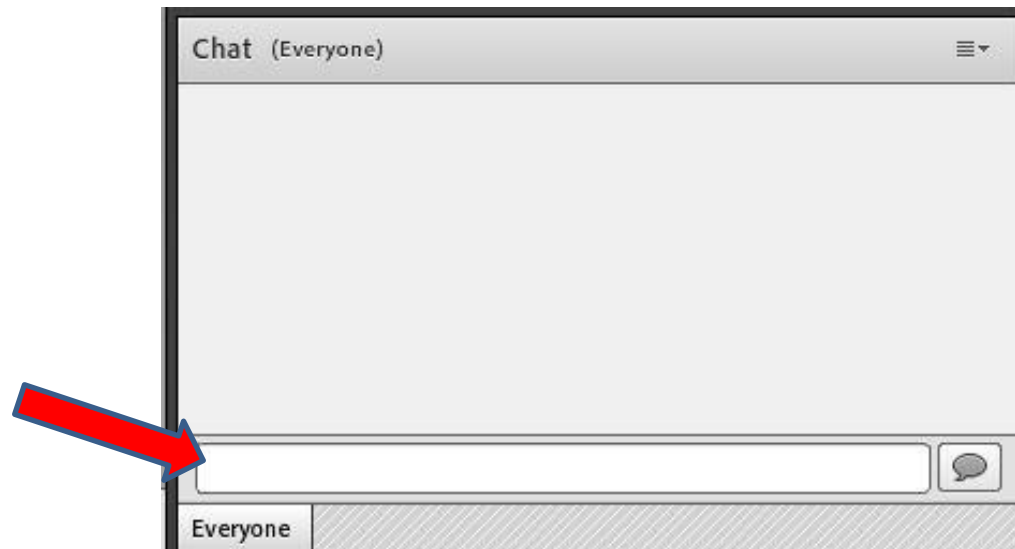http://www.ncchpp.ca/645/Instructions.ccnpps?id_article=1353

Talk to you soon!

If you have any technical difficulties, write to Mylène Maguire

To ask questions during the presentation

Please use the chatbox at any time.

Please note that <u>we are recording this webinar</u>, 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

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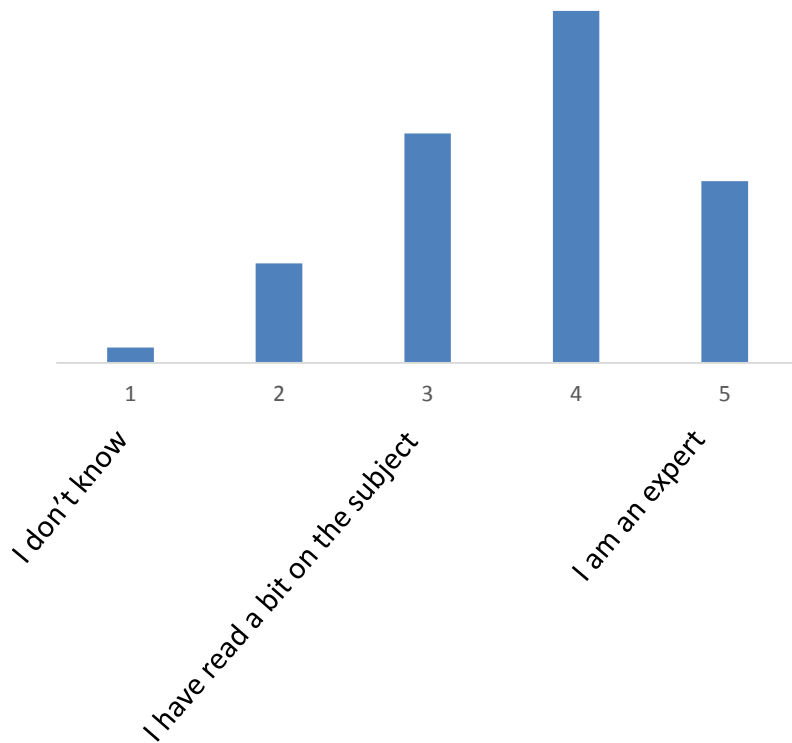
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What you said…

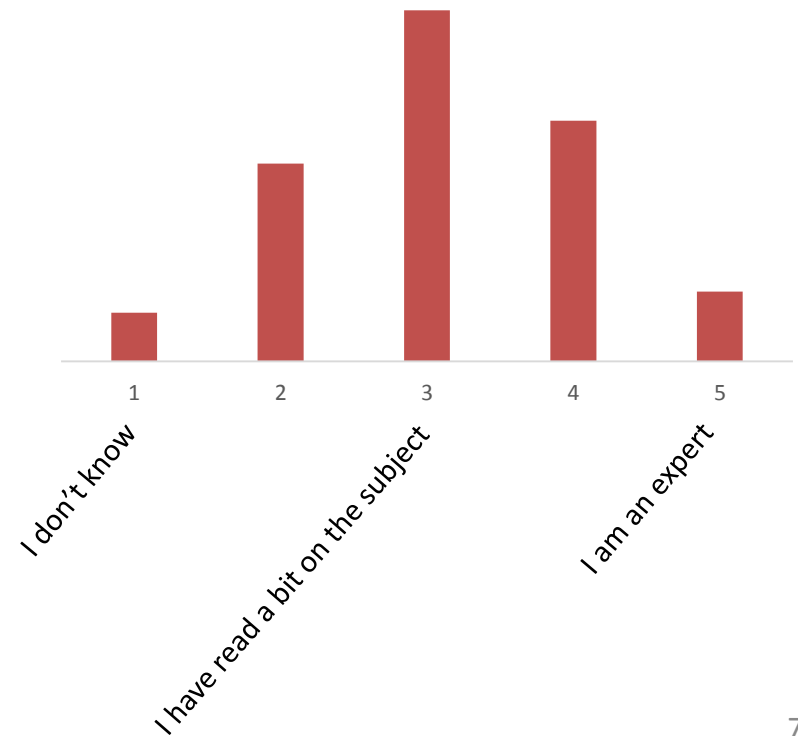- The results from our questionnaire, in brief:

Evidence-informed PH

1	I don't know
3	I have read a bit on the subject
5	I am an expert

Public health ethics

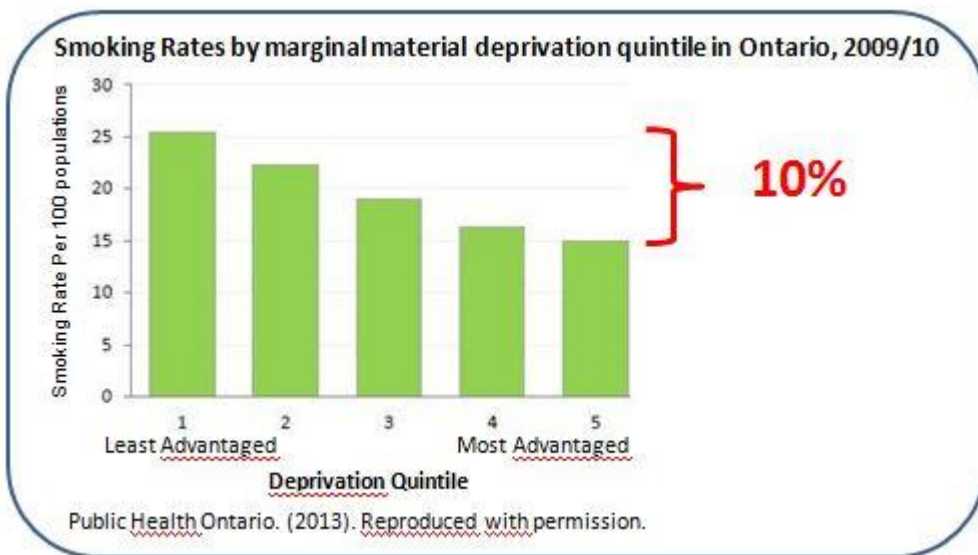| | |
1	I don't know
3	I have read a bit on the subject
5	I am an expert

Our goals today:

- Introduce issues related to <u>priority-setting and decision-making</u> in a public health unit,

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

- Provide you with additional <u>resources</u> on evidence-informed decision-making and on public health ethics.

Let's start with a problem…
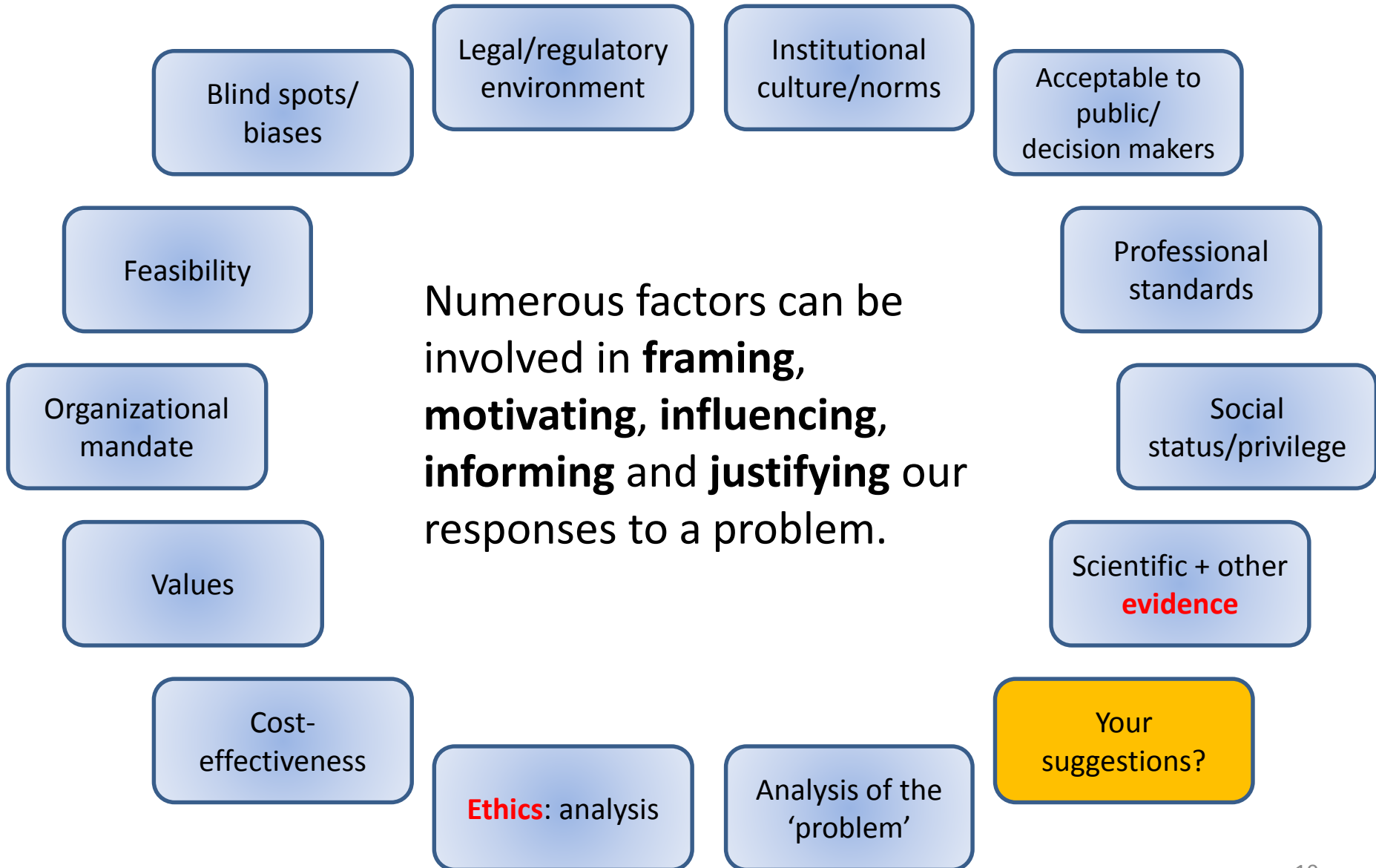
We know that tobacco use is a major risk factor for morbidity and premature mortality.

Smoking Rates by marginal material deprivation quintile in Ontario, 2009/10

10%

Smoking Rate Per 100 populations

1 Least Advantaged 2 3 4 5 Most Advantaged

Deprivation Quintile

Public Health Ontario. (2013). Reproduced with permission.

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.

Ciliska, D., Ward, M., & Datta, S. (2013).
Public Health Ontario. (2013).

What to *do*? How to *decide*?

Blind spots/ biases

Legal/regulatory environment

Institutional culture/norms

Acceptable to public/ decision makers

Feasibility

Professional standards

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

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.

…here is one response

The Quit and Win Contest[1]

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?

[1]**Case** based on and adapted from: Ciliska, D., Ward, M., & Datta, S. (2013). Use of Evidence for Program Decision Making. In *Population and Public Health Ethics: Cases from Research, Policy and Practice*, pp. 133-143.
Retrieved from: http://www.jointcentreforbioethics.ca/publications/documents/Population-and-Public-Health-Ethics-Casebook-ENGLISH.pdf
Photo: *11:00 A.M. Monday, May 9th, 1910. Newsies at Skeeter's Branch, Jefferson near Franklin. They were all smoking.* Credit: Lewis Hine.
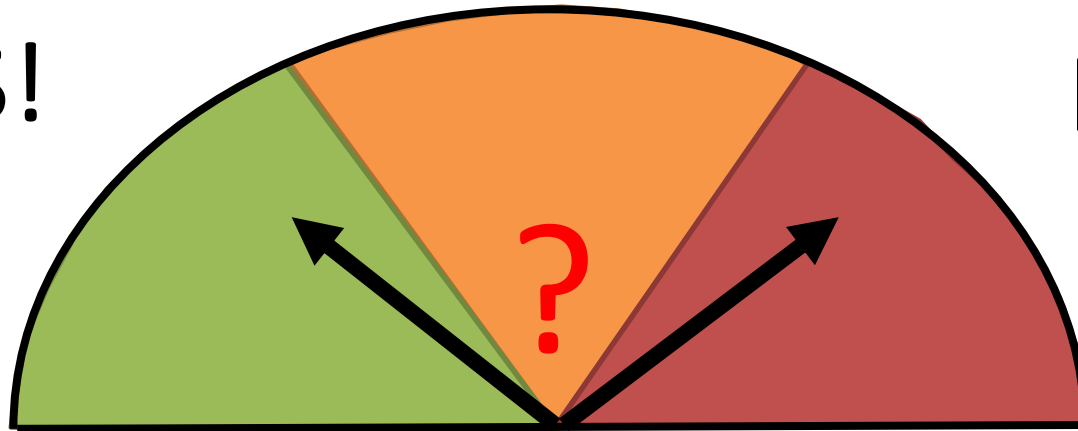The Met Collection Online. Public Domain: http://images.metmuseum.org/CRDImages/ph/original/DP352686.jpg

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?
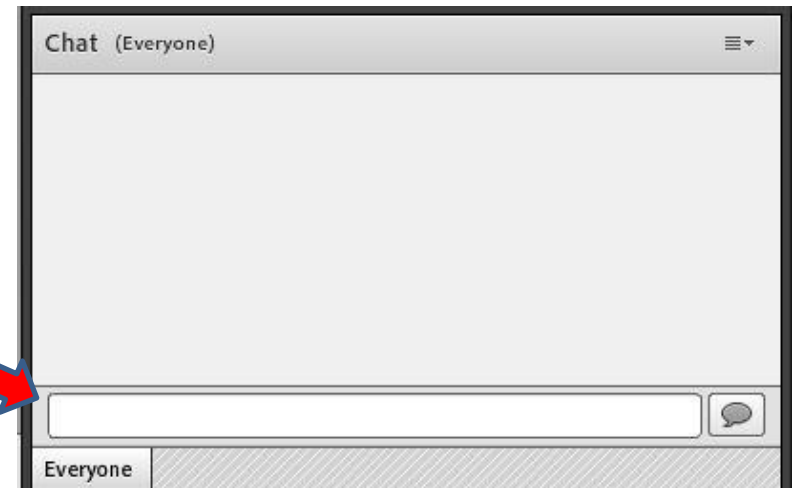
The decision

- 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?

Chat (Everyone)

Everyone

Next:

An ethical dimension in decision making

Why should we take an interest in public health (PH) ethics?

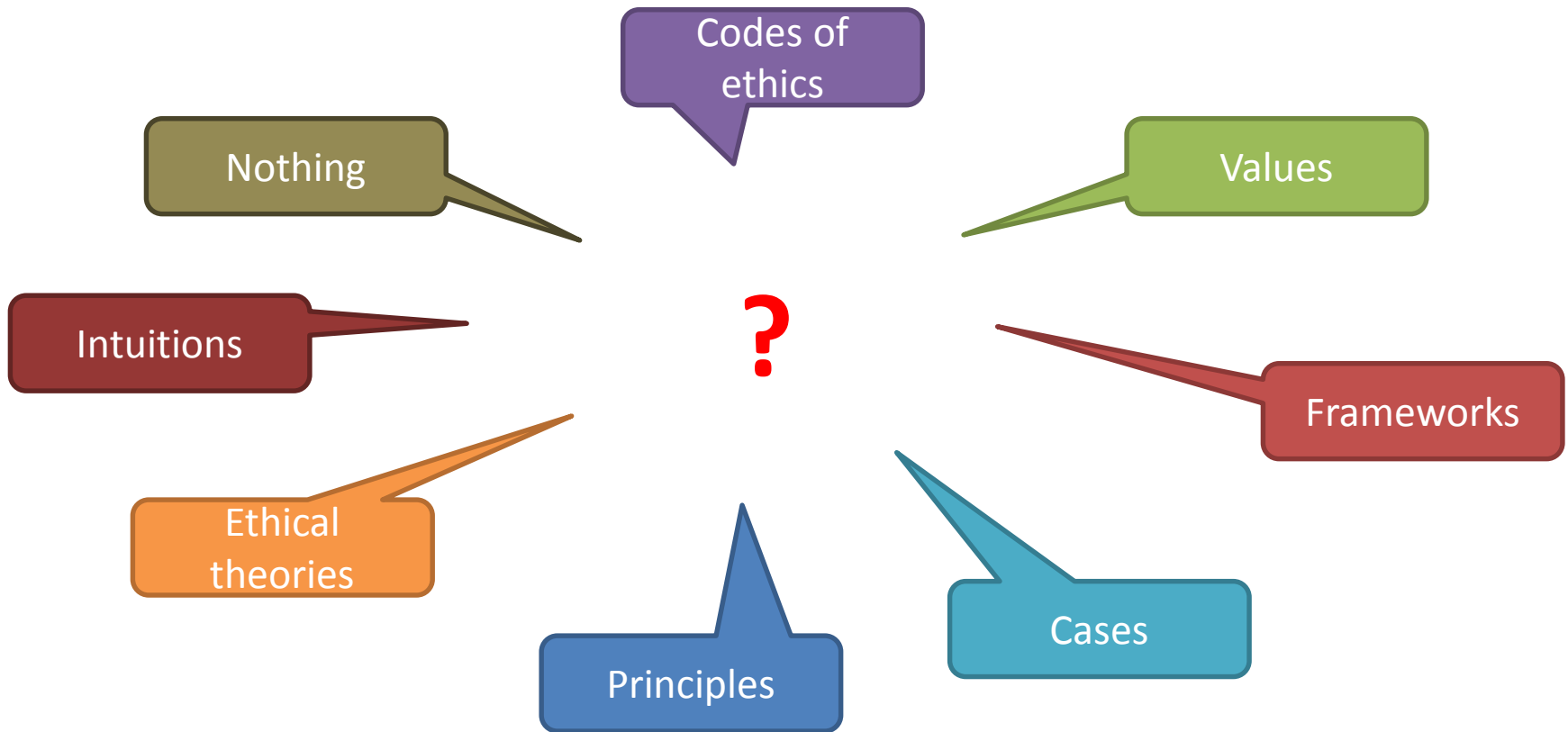Because to act with professionalism in this situation, one must know:

- 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?

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
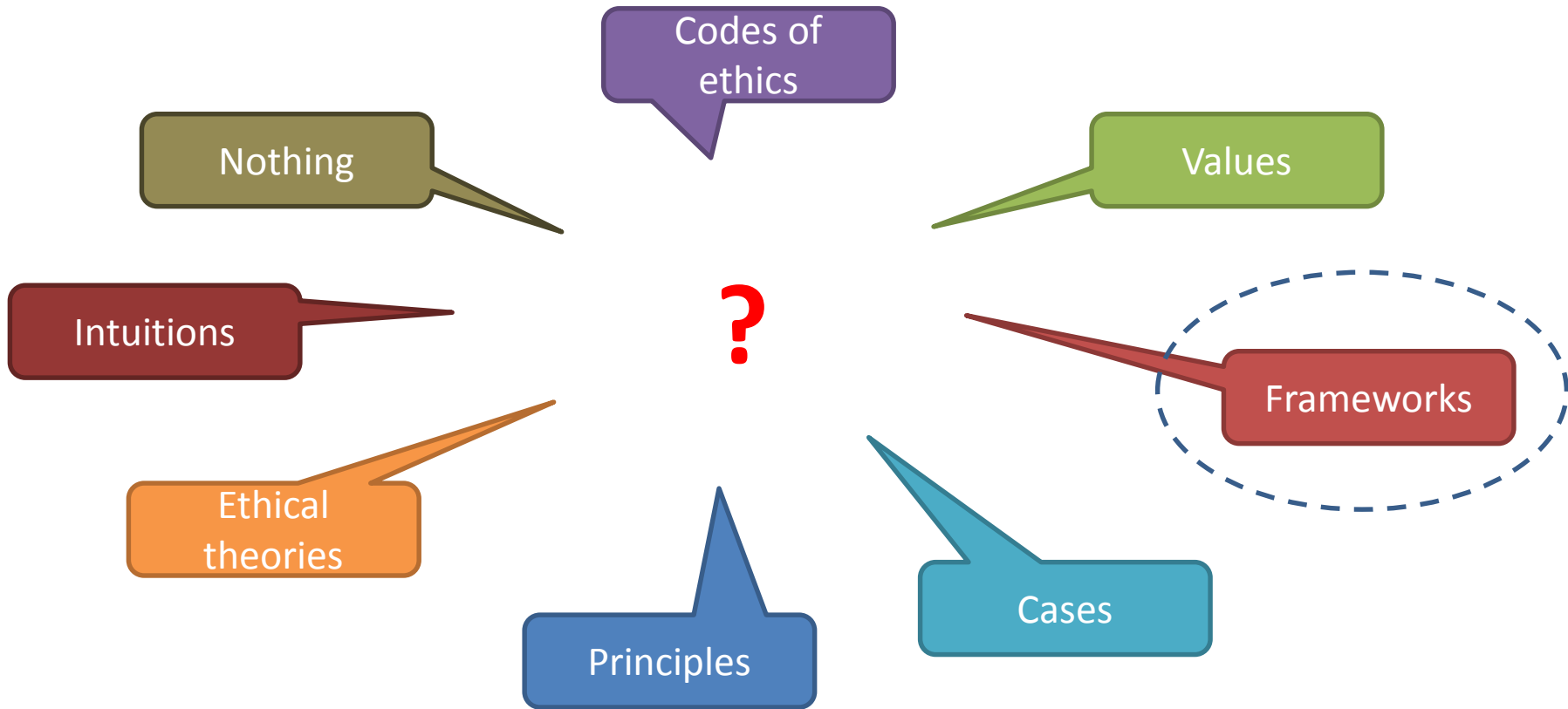(e.g., whole health unit has to be on board and supported, whatever the program choice)

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?

Codes of ethics

Nothing

Values

Intuitions

?

Frameworks

Ethical theories

Principles

Cases

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).

Schröder-Bäck *et al.* (2014). **Teaching seven principles for public health ethics: Towards a curriculum for a short course on ethics in public health programmes**. *BMC Medical Ethics*, 15(73).
Available at: http://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-15-73
Our adapted summary of the framework is available at:
http://www.ncchpp.ca/127/publications.ccnpps?id_article=1525

Its structure:

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

Schröder-Bäck et al. (overview)

1st part

1. Non-maleficence

2. Beneficence

3. Health maximization

4. Efficiency

5. Respect for autonomy
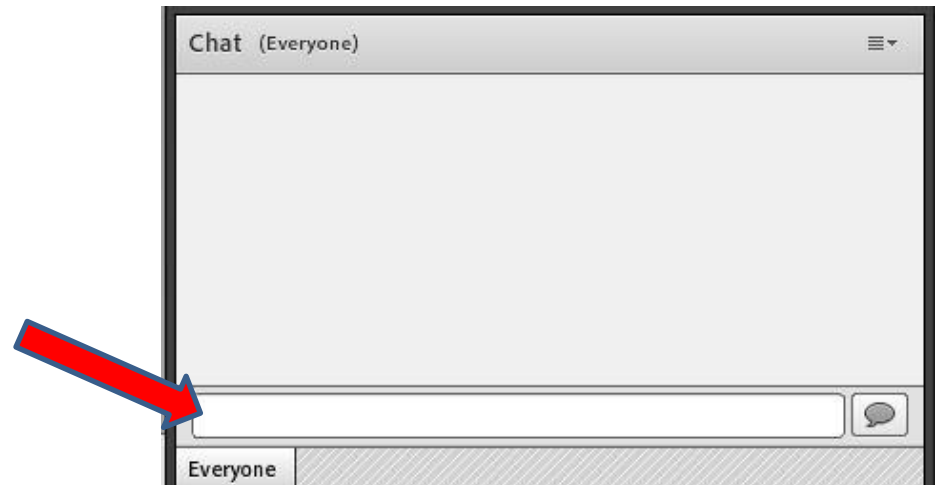
6. Justice

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?**
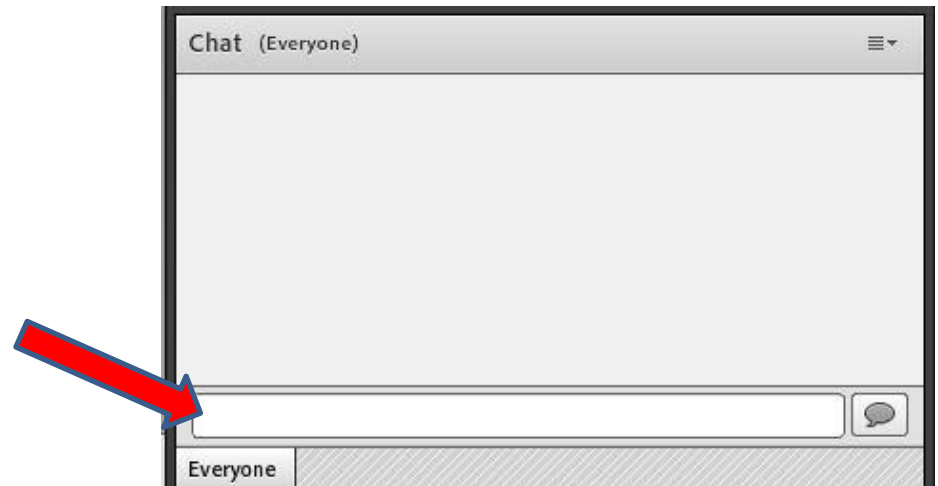
Schröder-Bäck *et al.* (2)

<div style="text-align:center; background:#f5a623; display:inline-block;">
Principle 2:
BENEFICENCE
</div>

- **Will the intervention benefit every involved/affected individual?**

Chat (Everyone)

Everyone

Schröder-Bäck *et al.* (3)

Principle 3:
HEALTH MAXIMIZATION

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

Program logic model:

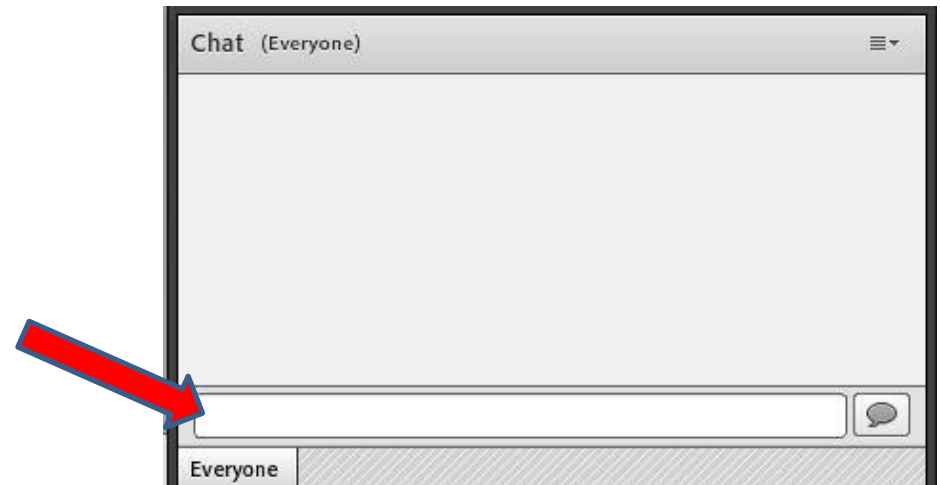| HU supports program | Public (smoker) participation | Smokers quit for 3 months | Many continue to live smoke-free | Mortality Morbidity |

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)

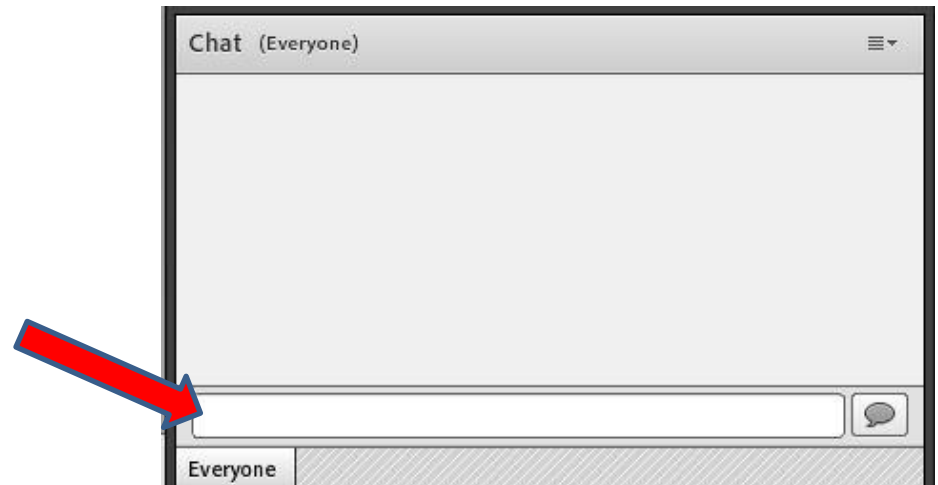# Schröder-Bäck *et al.* (4)

**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?**

Schröder-Bäck et al. (2ⁿᵈ Part)

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

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Schröder-Bäck et al. (2ⁿᵈ Part)

1ˢᵗ part	2ⁿᵈ part

1ˢᵗ part

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2. Beneficence

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2ⁿᵈ part

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40

Schröder-Bäck et al. (2nd Part)

1st part	2nd part
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Schröder-Bäck et al. (2ⁿᵈ Part)

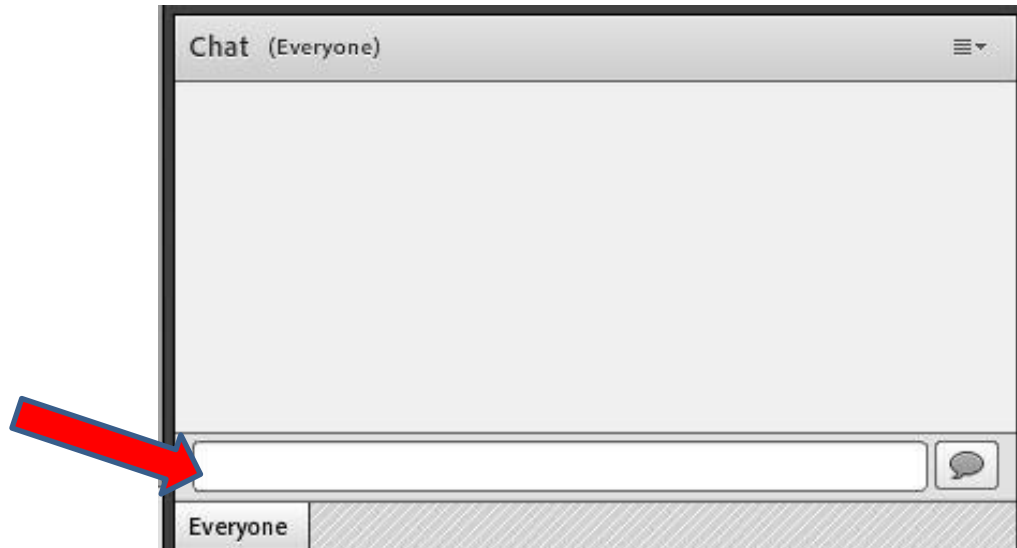| 1ˢᵗ part	2ⁿᵈ part
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Now, we'll ask again:
Should you support this decision?

Hmmm. Maybe?

YES!

NO!

?

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

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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**

  http://www.nccmt.ca/learningcentre/index.php

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Some NCCHPP resources on public health ethics

NCCHPP. (2016). **A Repertoire of Ethics Frameworks for Public Health.** http://www.ncchpp.ca/708/Repertoire_of_Frameworks.ccnpps

NCCHPP. (2016). **A Collection of Adapted Summaries of Public Health Ethics Frameworks and Very Short Case Studies.** http://www.ncchpp.ca/127/publications.ccnpps?id_article=1525

NCCHPP. (2016). **Utilitarianism in Public Health.** http://www.ncchpp.ca/127/Publications.ccnpps?id_article=1527

NCCHPP. (2016). **'Principlism' and Frameworks in Public Health Ethics.** http://www.ncchpp.ca/127/Publications.ccnpps?id_article=1517

NCCHPP. (2016). **How Can I Choose a Public Health Ethics Framework that Is Suited to My Practical Needs?** (PowerPoint presentation). http://www.ncchpp.ca/128/presentations.ccnpps?id_article=1553

MacDonald, M. (2015). **Introduction to Public Health Ethics 3: Frameworks for Public Health Ethics.** http://www.ncchpp.ca/127/Publications.ccnpps?id_article=1426

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for sharing her time and expertise with us.

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- 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.

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- Datta, S. (2010). *Quit and win contests: A rapid review of the evidence*. Region of Peel. Retrieved from: https://www.peelregion.ca/health/resources/pdf/q2w.pdf

- Kunst, A., Giskes, K., & Mackenbach, J. (2004). *Socioeconomic inequalities in smoking in the European Union: Applying an equity lens to tobacco control policies*. Rotterdam, Netherlands: EU Network on Interventions to Reduce Socio-economic Inequalities in Health. Retrieved from: http://old.ensp.org/files/ensp_socioeconomic_inequalities_in_smoking_in_eu.pdf

- Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2013). *Summary measures of socioeconomic inequalities in health*. Toronto, ON: Queen's Printer for Ontario. (Sources for the graph: 1. Canadian Community Health Survey 2009/2010, Statistics Canada, Ontario Share File, distributed by Ontario MOHLTC; 2. Ontario Marginalization Index (ON-Marg) 2006, distributed by the Chair in Research on Urban Neighbourhoods, Community Health and Housing (CRUNCH), McMaster University). Retrieved from: http://www.publichealthontario.ca/en/eRepository/Summary_Measures_Socioeconomic_Inequalities_Health_2013.pdf

- Schröder-Bäck, P., Duncan, P., Sherlaw, W., Brall, C., & Czabanowska, K. (2014). Teaching seven principles for public health ethics: Towards a curriculum for a short course on ethics in public health programmes. *BMC Medical Ethics*, 15(73). Retrieved from: http://bmcmedethics.biomedcentral.com/articles/10.1186/1472-6939-15-73

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)

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