

Overview of the PATHS Equity for Children Research Program

Patricia Martens, Marni Brownell, Alan Katz, Dan Chateau, Elaine Burland, Nathan Nickel, Chun Yan Goh, and PATHS Equity Team Members

Manitoba Centre for Health Policy



UNIVERSITY OF MANITOBA

Manitoba Centre for Health Policy, Community Health Sciences, Faculty of Medicine, University of Manitoba, Winnipeg, Canada

Background

Health inequity is unfair and avoidable or remediable differences in health among social groups. Our PATHS Equity for Children program of research studies the impact of multiple programs and policies that could potentially reduce health and social inequities of Manitoba's children.

Objectives

Using a collaborative team of local, national and international research scientists, along with students, clinicians, NGOs and regional and provincial policy-makers and planners, the objective of this research is to evaluate multiple health and social programs operating in Manitoba over the past decade to determine whether they:

- Improved child health
- Reduced the socioeconomic inequities in outcomes
- Reached the target population

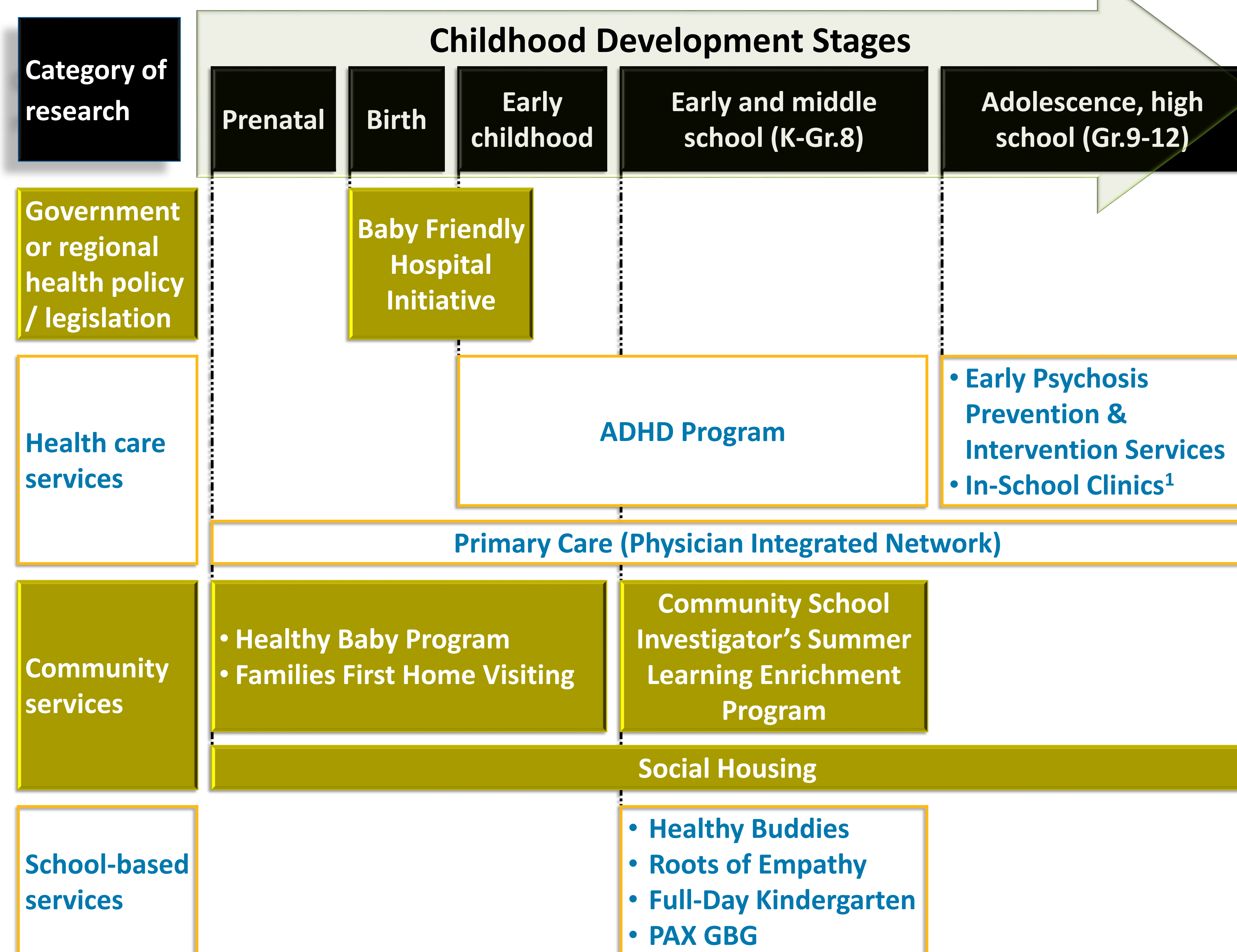
Methods

- Uses the world-class data Repository housed at the Manitoba Centre for Health Policy
- Conducting population-based analyses of 14 separate child-related health and social interventions
- Developing new and enhancing existing population-based methodologies on equity measurement
 - measuring changes in equity over time
- Comparisons → matching and/or propensity scores
 - Intervention versus non-intervention groups
- Measures of equity/inequity include time trends that show:
 - actual rates
 - Disparity Rate Ratios & Disparity Rate Differences
 - Lorenz Curves, Concentration Curves & Kakwani Progressivity Index (compares curves and provides an indication of inequity)
- Multiple measures of inequity help to:
 - validate any significant findings
 - address any potential weaknesses from using a single measure
 - offer decision makers the measure most appropriate for interpreting and communicating findings
- Qualitative analyses (for selected outcomes)
 - used to determine potential regional and cross-agency organizational barriers or facilitators in reducing childhood inequities
- Integrative analysis (planned in the final year of the program)
 - will explore synergies amongst programs, and whether program integration has a differential impact on inequity

Results & Conclusions

Our team crosses the boundaries of research and action, advancing knowledge on what works to improve outcomes for children at varying stages along the developmental trajectory. Results of our evaluations will promote evidence-based policies and programs to reduce inequities in developmental health.

Figure 1: Schematic diagram of interventions affecting child health along the life course trajectory of childhood



¹ In-School Clinics are delivered within high schools but funded through health care services

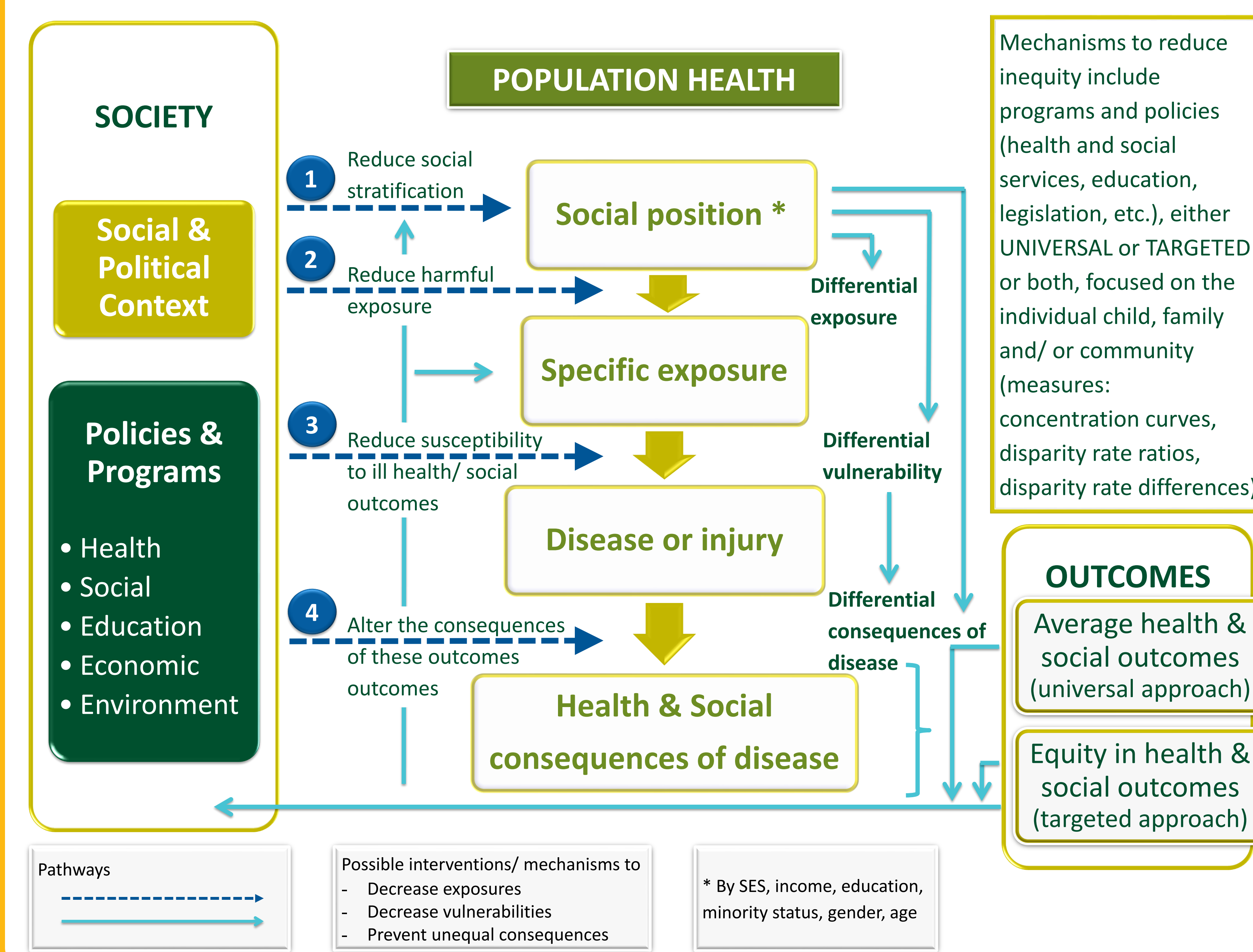
Assessing the gap

- Post-analysis: qualitative case study (Winnipeg RHA) to determine how selected programs increased or decreased inequity through complex interactions of various levels of government or departments that influence the program

Adding to new methodology

- Establish longitudinal cohorts of children within families and communities to enrich the analyses above
- Is there an ACSC (ambulatory care sensitive condition- used in primary care evaluation) equivalent in public health- a PHSC (Public Health Sensitive Condition) composite measure indicator of public health and population health outcomes, sensitive to public health and social programs and policies? Can this be used to measure policy or program success?

Figure 2: PATHS Equity for Children conceptual framework



PATHS Equity Team members: James Bolton; Marni Brownell; Charles Burchill; Elaine Burland; Mariette Chartier; Dan Chateau; Malcolm Doupe; Greg Finlayson; Randall Fransoo; Chun Yan Goh; Doug Jutte; Alan Katz; Laurence Katz; Lisa Lix; Patricia J. Martens; Colleen Metge; Nathan C. Nickel; Colette Raymond; Les Roos; Noralou Roos; Rob Santos; Joykrishna Sarkar; Mark Smith; Carole Taylor; Randy Wald

PATHS Equity Partners/ Agencies: Province of Manitoba (Department of Health; Department of Healthy Living, Seniors and Consumer Affairs; Healthy Child Manitoba; Healthy Child Committee of Cabinet; Department of Family Services and Labour; Department of Entrepreneurship, Training and Trade; Department of Housing and Community Development; Department of Justice; Department of Education; Regional Health Authorities – Western RHA (Assiniboine, Parkland, Brandon); Southern RHA (Central, South Eastman); Interlake-Eastern RHA (Interlake, North Eastman); Northern RHA (NOR-MAN, Burntwood); Winnipeg RHA (Churchill, Winnipeg); Manitoba Adolescent Treatment Centre; The United Way of Winnipeg; Faculty of Medicine, University of Manitoba

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