The Critical Role of Evaluation to Foster Health Equity

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Beyond Evidence on Reducing Health Inequities: What works, why and how
AHIP Symposium

Adelaide April 28 2010
1. Inequity in health is a wicked problem that cannot be addressed by rational planning

2. Evaluation is not a neutral processs

3. Evaluation can either foster equity in health or contribute to reproduce the conditions that lead to inequities in health
OBJECTIVES

1. Show why rational planning is an inadequate paradigm for addressing health inequity problems, using the concept of wicked problems
2. Develop parameters for interventions to address inequities in health
3. Contrast two approaches to evaluation and their potential contributions to health inequities
1. Inequities in health: A wicked problem

2. Three characteristics of wicked problems

3. Contrasting two roles for evaluation
INEQUITIES IN HEALTH:
A WICKED PROBLEM
The Myth of Rational Planning

Distal Causes → Proximal Causes → Diagnosed Problem

PLANNING

Intervention

Decision

Change in Problem

EVALUATION

Sustainability/Scaling up

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Self-report quit ratios by level of education in selected European countries (data from national surveys ± 2000)

<table>
<thead>
<tr>
<th>MEN</th>
<th>All ages</th>
<th>25-39 years</th>
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<tbody>
<tr>
<td></td>
<td>Quit ratio</td>
<td>Quit ratio</td>
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<tr>
<td></td>
<td>High Ed</td>
<td>Low Ed</td>
</tr>
<tr>
<td>Sweden</td>
<td>62.2</td>
<td>59.9</td>
</tr>
<tr>
<td>England</td>
<td>48.3</td>
<td>39.1</td>
</tr>
<tr>
<td>Italy</td>
<td>37.3</td>
<td>29.3</td>
</tr>
<tr>
<td>Spain</td>
<td>30.1</td>
<td>25.3</td>
</tr>
<tr>
<td>Hungary</td>
<td>32.9</td>
<td>30.8</td>
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<tr>
<td>Lithuania</td>
<td>22.4</td>
<td>19.7</td>
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Unintended Effect of Population Approach: Concentration of Vulnerabilities

The Inverse Care Law: The Need for Dedicated Interventions

Adapted from Canadian Health Disparity Working Group: Discussion paper (2005)
Exclusionary Process

- Process that leads to accumulation of vulnerabilities and health inequities (WHO Knowledge network on social exclusion)

- Lack of four types of inter related capital:
  - **Economic capital**: capacity to acquire goods through the market
  - **Social capital**: capacity to mobilize social network to access resources
  - **Cultural capital**: capacity to make sense of one’s environment and to transform resources into health
  - **Political capital**: capacity to engage in the public debate and pursue interests
Wicked Problems

Rittel & Weber (1973) on the problems of planning and professional action

By now we are all beginning to realize that one of the most intractable problems is that of defining problems (of knowing what distinguishes an observed condition from a desired condition) and of locating problems (finding where in the complex causal networks the trouble really lies. In turn, and equally intractable, is the problem of identifying the actions that might effectively narrow the gap between what–is and what–ought–to–be.
THREE CHARACTERISTICS OF WICKED PROBLEMS

There Is no Definitive Formulation of the Problem

The problem according to Rittel & Webber

- Formulation linked to solution
- Formulation is the problem
- Requires an open system’s approach: model of planning as deliberative process in the course of which an image of the problem and of the solution emerges gradually among participants

In Montreal

- Definition of health inequalities on a territorial basis: level of surveillance and action capacity
- Determinants identified depends on partners’ interests
The problem according to Rittel & Webber

- There is no end to the causal chains that link the systems involved in the problem
- Any tentative definition of the problem leads to identifying new critical elements

In Montreal

- Initial partnership between Public health and the City of Montreal lead to new ventures with United Way, and other regional partners
- The number and nature of determinants is constantly increasing and this increase is ultimately limited by public health resources and capacity of action
Solutions Are not True or False but Good or Bad

The problem according to Rittel & Webber

• Diversity of points of view on the decision rules to determine correctness of action
• Solutions need to be constantly renegotiated to increase fit between the problem and solutions

In Montreal

• Public debate on the unintended consequences of solutions:
  ✓ Food banks: dependency
  ✓ Local development: gentrification
Interventions that Address Wicked Problems

• Aim at reconciling social values (social justice, fairness, equity) with individual choices (each one’s particular view of the problem with regards to one’s interests)

• Beyond technical expertise: working on solving wicked problems require political debates where all concerns groups of interest can express their views

• The problem with social health inequality as a wicked problem: the lack of political capital of those most affected by the problem
Interventions that Address Wicked Problems

• Contribute to a « better » definition of the problem
• Necessitate to conceive action as a social innovation: establishing new connections between previously unconnected entities in an iterative process
• Require an approach to planning that provides a voice to those who experience exclusionary process: emphasis on the conditions that enable participation
• The social space of social interventions is submitted to the same structures of domination that produce the problems of health inequities
What is the point of treating people... if we are sending them back to the conditions that made them sick in the first place?
CONTRASTING TWO ROLES FOR EVALUATION
Evaluation as Experimentation

- Aims at testing an hypothesis developed outside of the problematic situation
- Actors in context (intervention staff and target beneficiaries) are conceived as (re) acting in a predefined manner; devoided of agency
- Expert knowledge is dominant and gets final consideration for action
- Evaluation is blinded to the political nature of the context in which the intervention is implemented
- Contributes to the reproduction of the conditions of the exclusionary process

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Evaluation that Supports Innovation

- Reflexivity: knowledge of the conditions that make one’s actions possible and reproducible
- Evaluation can be conceived as a system that ensures an intervention’s reflexivity:
  – Inform interventions stakeholders of the co-evolution of the problem and intervention and of the conditions that contribute to this evolution
Evaluation as Organised Reflexivity
• Evaluation is a scientific device operating in a political space
• Social spaces of evaluation, interventions and problems share the same domination structures
• Evaluation is implemented as a set of practices that interact with intervention
  ✓ Evaluation questions are relevant to inform all actors’ practices
  ✓ Practice variations for all concerned actors constitute an evaluation issue
  ✓ All relevant types of knowledge are taken into account
  ✓ Mediating procedures are implemented to counteract power structures
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Health Promotion Evaluation Practices in the Americas
Values and Research
Louise Potvin and David McQueen Editors

More and more, health promotion is a crucial component of public health, to the extent that public health interventions are called on to prove their effectiveness and appraised for scientific validity. A practice many in the field consider self-defeating, Health Promotion Evaluation Practices in the Americas cogently demonstrates that scientific rigor and the goals of health promotion are less in conflict than commonly thought, synthesizing multiple traditions from countries throughout North, Central, and South America (and across the developed-to-developing-world continuum) for a volume that is both diverse in scope and unified in purpose.

The book’s examples—representing robust theoretical and practical literatures as well as initiatives from Rio de Janeiro to American Indian communities—explain why health promotion evaluation projects require different guidelines from mainstream evaluative work. The editors identify core humanitarian principles associated with health promotion (participation, empowerment, equity, sustainability, intersectoral action, multistategy, and cost-effectiveness), while chapters highlight challenges that must be mastered to keep these principles and scientific objectives in sync, including:

- Building health promotion values into evaluation projects.
- Expanding the use of evaluation in health promotion.
- Developing meaningful evaluation questions.
- Distinguishing between community-based participation research and evaluation-based participation.
- Evaluating specifically for equity.
- Designing initiatives to foster lasting social change.

The applied knowledge in Health Promotion Evaluation Practices in the Americas: Values and Research can bring the goals of intervention into sharper focus for practitioners, evaluators, and decision-makers and facilitate communication on all sides—necessary steps to progress from study findings to real-world action.