

Clinical practice guidelines (CPGs) are systematic statements that communicate evidence-based recommendations about health care for specific health conditions. In public health terms, CPGs may systematically create inequity through recommendations for treatment or healthcare delivery. For example, not considering disadvantaged groups in CPG recommendations may result in poorer access to a health intervention or in poorer health outcomes for those groups. CPGs may also systematically lessen inequity by including recommendations which redress the impact of disadvantage in healthcare delivery, for example, by including recommendations that incorporate evidence about overcoming differential health access of disadvantaged groups.

The focus of this research is twofold: firstly to examine, using an equity lens developed by the candidate, whether consideration of equity, socioeconomic determinants and disadvantaged groups, including Aboriginal and Torres Strait (ATSI) populations, is visible in Australian clinical practice guidelines on the National Health and Medical Research Council's (NHMRC) Australian CPG Portal, in the policy-relevant National Health Priority Areas; and secondly to identify, through quantitative methods, the characteristics of guidelines that demonstrate consideration of equity.

To develop the equity lens, a systematic literature search and critical appraisal of the literature was conducted. In response to the identified knowledge gap, the Australian Guideline Equity Lens (AGEL) was developed using a policy Delphi process, followed by pilot testing. Psychometric qualities of the lens were assessed and an online version developed.

Seventy-four CPGs addressing Australia's National Health Priority areas, as accessed via the NHMRC's CPG Portal and published between 2010 and 2014, were reviewed. Data were collected on whether and how equity, socioeconomic determinants and disadvantaged populations were considered. The association between methodological quality of the CPG and inclusion of equity considerations was examined quantitatively through multivariate analysis.

Overall, equity, socioeconomic determinants and the needs of specific populations were invisible in most Australian CPGs studied. Only 23 (31%) CPGs referred to

socioeconomic considerations. Explicit consideration of the needs of ATSI populations was addressed in less than half (n=33, 45%) of the national guidelines. There was no significant association between consideration of equity and socioeconomic determinants in CPGs and methodological quality of guidelines. However, there was a significant association between consumer involvement in CPG development and consideration of socioeconomic determinants. Analysis also demonstrated an association between consumer involvement in CPG development and consideration of the needs of ATSI populations. Despite the public health significance of cancer, estimated to affect one million Australians over 30 years, of the 26 cancer CPGs, only six (23%) mentioned equity or socioeconomic determinants while only nine (35%) specifically mentioned ATSI populations or their needs.

This research has identified quantitatively that equity and socioeconomic determinants are not visible in many Australian CPGs. The findings have relevance for public health policy change. For example, parameters from the AGEL could be incorporated into the revision of existing NHMRC standards for CPGs to strengthen considerations of equity, socioeconomic determinants and disadvantaged populations. This dissertation includes a plan for dissemination of research evidence to influence public health policy.