



## ASSESSING THE IMPACT AND EFFECTIVENESS OF INTERSECTORAL ACTION ON THE SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY: AN EXPEDITED SYSTEMATIC REVIEW

**This is a summary statement written to condense the work of an expedited systematic review (NCCDH, 2012). The intent is to provide an overview of the findings and implications of the full review. For more information on individual studies included in the review, please see the review itself.**

### ISSUE

Intersectoral action for health refers to 'actions undertaken by sectors outside the health sector, possibly, but not necessarily, in collaboration with the health sector, on health or health equity outcomes or on the determinants of health or health equity (Public Health Agency of Canada & World Health Organization, 2008, pg. 2). Intersectoral action recognizes that the social and economic factors influencing the health of the population, described

as the social determinants of health (Mikkonen & Raphael, 2010; Public Health Agency of Canada, 2011) lie outside the sphere of the health sector, falling within the purview of other sectors. As such, action within and between sectors, at the local, regional, provincial, national, and global levels, is needed to influence the social and economic landscape that enables the health and well-being of the population (Federal Provincial and Territorial Advisory Committee on Population Health, 1999).

This review seeks to examine the question, "What is the impact and effectiveness of intersectoral action as a public health practice for health equity through action on the social determinants of health?" The review also explores the questions: What is the role of the public health sector in intersectoral action on the social determinants of health for health equity? What tools, mechanisms, and strategies support the initiation and implementation of intersectoral action to improve health equity?

### **REVIEW CONTENT SUMMARY**

The focus of this review is the effectiveness of intersectoral action as a public health practice to advance health equity. For the purposes of this review, we considered intersectoral interventions, policies and programs, undertaken by the public health sector in collaboration with governmental and non-governmental sectors outside of health. To be considered relevant, studies had to meet all of the following criteria: any population health intervention related to the social determinants of health and health equity, the article explicitly mentioned an intersectoral relationship involving a public health organization or professional and at least one other sector, the outcomes were health, the social determinants of health, or policy to improve the social determinants of

health and health equity. Studies which examined only process outcomes were excluded.

### **COMMENTS ON REVIEW METHODS**

Rapid systematic review methods were used. A comprehensive search of published literature from January 2001 to January 2012 was conducted for the following databases: Embase MEDLINE, CINAHL, Social Sciences Abstracts, and the Cochrane and Campbell libraries. Additionally, the grey literature was searched for potentially relevant studies and primary studies were retrieved from systematic reviews. Two reviewers independently assessed the relevance and the quality of included primary studies and systematic reviews using standardized tools. The articles were initially screened for inclusion based on titles and abstracts. Two reviewers rated each article for inclusion independently. All articles were included if one or both of the reviewers recommended including. The second phase of relevance testing included screening abstracts for relevance. For articles with no abstract, the article underwent full text review for relevance screening. Two reviewers rated each article for methodological quality independently. Differences were resolved through discussion. Data were extracted from all 17 included studies, regardless of methodological quality. A narrative synthesis was presented including all relevant articles.

### **CONTACT INFORMATION**

National Collaborating Centre for Determinants of Health (NCCDH)  
St. Francis Xavier University  
Antigonish, NS B2G 2W5  
nccdh@stfx.ca  
tel: (902) 867-5406  
fax: (902) 867-6130  
[www.nccdh.ca](http://www.nccdh.ca)  
Twitter: @NCCDH\_CCNDS

Written by Sume Ndumbe-Eyoh and Hannah Moffatt

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## IMPLICATIONS

EVIDENCE	IMPLICATIONS
<b>One systematic review focused on the impact of partnerships on population health outcomes and health inequalities. Studies included in the review covered six interventions. The studies were of mixed methodological quality and typically had short timelines.</b>	<ul style="list-style-type: none"> <li>» Quantitative components were mixed about the impacts of partnerships on health outcomes and health equity.</li> <li>» Qualitative studies showed that some partnerships increased the profile of health inequalities on local policy agendas.</li> <li>» The design of partnership interventions and of the studies evaluating them meant it was difficult to assess the extent to which identifiable successes and failures were attributable to the partnerships.</li> </ul>
<b>Two primary studies addressed upstream determinants of health and focused on housing and employment.</b>	<ul style="list-style-type: none"> <li>» These interventions had mixed effects, ranging from moderate to none, on the social determinants of health.</li> <li>» More specifically, provision of housing for disadvantaged populations had a moderate impact in terms of improved housing infrastructure and no demonstrated effect on overcrowding and hygienic conditions.</li> <li>» Qualitative data suggested that identification of a specific population, definition of clear roles and responsibilities for partners, commitment of resources, and setting of expectations for improvement in outcomes were characteristics of successful partnerships to improve employment.</li> </ul>
<b>Eight midstream interventions painted a mixed picture of the impact of intersectoral action on the social determinants of health to improve health equity.</b>	<ul style="list-style-type: none"> <li>» A supported employment intervention with dedicated staff, shared principles, and formal communication processes yielded positive outcomes for people with mental illness.</li> <li>» When coupled with policy advocacy, intersectoral partnerships between unions, non-governmental organizations, and public health agencies can help to improve physical conditions at work by giving voice to workers and providing access to public health expertise to support evidence-informed organizational policy change.</li> <li>» Intervening in the early years of life had a positive effect for children. Early interventions were also effective in promoting early literacy among the children of low-income women.</li> <li>» When offered in conjunction with health and social service support, housing improved population health outcomes for marginalized populations under the age of 35.</li> <li>» Intersectoral partnerships can support the creation of healthy policies that alter social and physical environments. Such policies are beneficial for low-income and racialized populations. Supportive environments that promote access to healthy foods for low-income students had a positive effect on oral health. School-based obesity prevention, which included the provision of lunch at reduced or no cost, had a positive effect on weight reduction for low-income children across all ethnicities; however, the impact on academic performance was mixed, with improvement in math scores observed for Hispanic and white children only.</li> </ul>
<b>In the studies reviewed here, targeted interventions increased access to care, reduced the number of emergency visits, improved the management of existing conditions (such as asthma and diabetes), improved immunization rates, and improved mental health.</b>	<ul style="list-style-type: none"> <li>» Downstream interventions, which focus on access to services, are generally moderately effective in increasing the availability and use of services by marginalized communities.</li> </ul>

## GENERAL IMPLICATIONS

For Practice	For Research
<ul style="list-style-type: none"><li>» Collaborations between public health and other sectors show promise in creating supportive environments, as well as in enhancing access to services for marginalized populations. There is a need for more multi-level interventions that address structural determinants of health across the whole population.</li><li>» Existing policies support the initiation and implementation of intersectoral initiatives.</li><li>» There is a need to further integrate policy advocacy into the core functions of intersectoral initiatives and to adequately understand the relationships between sectors and the contribution of the public health sector to this work.</li><li>» On their own, intersectoral initiatives that focus on downstream determinants are unlikely to eliminate disparities. There is a need for multi-level intersectoral interventions that take universal, mixed, and targeted approaches to reducing health inequities.</li><li>» Intersectoral initiatives should include a comprehensive equity analysis to identify any populations that are positively or negatively affected and the contexts under which such effects occur. This is important to ensure that interventions do not increase population health inequities.</li><li>» Publishing findings from program and policy interventions contributes to the evidence base about intersectoral action for health equity. Adequate funding is required to ensure organizational capacity and systems to collect data for rigorous evaluation.</li><li>» Funding for initiatives was reported as an important mechanism supporting the initiation, implementation, and evaluation of initiatives.</li></ul>	<ul style="list-style-type: none"><li>» Methodological issues such as selection bias, blinding, and sample size should be addressed in future studies on intersectoral action.</li><li>» Rigorous evaluation of intersectoral action is needed, particularly for upstream interventions. Evaluations of the health equity impacts of intersectoral action should include prospective and, where possible, controlled designs with sufficiently long follow-up to identify trends. Evaluations of program and policy interventions must include both empirical outcome measures and descriptions of intersectoral activities, roles, and responsibilities. Creating an interdisciplinary body of knowledge about how to evaluate intersectoral action, along with supporting tools, will help strengthen the evidence base for intersectoral action on health equity and the social determinants of health.</li><li>» Academic and practitioner partnerships are beneficial for evaluating interventions.</li><li>» Further research and exploration of funding mechanisms and the cost-effectiveness of intersectoral action are required.</li></ul>

## REFERENCES

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