Interventions to reduce socioeconomic health differences: a review of the international literature

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Authors' objectives
To review information on evaluated interventions to reduce socioeconomic health differences (SEHD), and to analyse studies to identify possible conditions for success.

Searching
The SEHD documentation centre at Erasmus University (Rotterdam) and the MEDLINE database were searched for all publications until June 1993. Additional literature was obtained by tracking references, checking recent issues of relevant journals, and by consulting experts in the field.

Study selection
Study designs of evaluations included in the review
The authors do not provide details of the study designs included.

Specific interventions included in the review
Interventions aimed at specific age groups (40 publications): prenatal care, infant care, preventive care for young children; child development, nutrition, tooth decay prevention, safety in the children's environment, general health promotion, alcohol, smoking, drugs; adolescent mothers, adult women. Interventions to reduce specific disease (25 publications): cardiovascular disease or cancer in adults, smoking, screening. Interventions aimed at health determinants (26 publications): unemployment, health care accessibility (general, financial, cultural). Remainder unspecified (7 publications). This review also discussed 31 interventions described in 'grey literature'; most of these were local health education interventions and little detail is reported.

Participants included in the review
The participants varied according to the nature of the intervention studied. Most were directed at specific groups, e.g. pre-school and school children, adolescent mothers and adult women.

Outcomes assessed in the review
Reduction of SEHD, unemployment, and accessibility of health care (general, financial and cultural) were assessed.

How were decisions on the relevance of primary studies made?
The authors do not state how the papers were selected for the review, or how many of the authors performed the selection.

Assessment of study quality
The authors do not report the method used to assess validity, or how the validity assessment was performed.

Data extraction
The authors do not state how the data were extracted for the review, or how many of the authors performed the data extraction.

Methods of synthesis
How were the studies combined?
The brief and incomplete reporting made only a narrative review possible. The intervention studies were analysed with...
regard to the following aspects: target population, the intended effects of the intervention, the determinants at which the intervention was aimed, the type of intervention, the method of evaluation and the actual effects. The interventions were classified in 3 groups: effective, ineffective and dubious. The intervention was classed as effective when the outcome showed a positive result, which was similarly effective for both the lowest and highest socioeconomic status (SES) groups. In most of the studies, efficacy was assessed in terms of the targeted outcome of the intervention (performance indicator) over social groups, and not in terms of a reduction of health inequalities. An intervention was defined as ineffective when it had no, or a negative effect on the target groups, or when the intervention was more effective for higher SES groups than for lower. A dubious intervention was defined as one where evaluation was lacking or insufficient. For the 31 local interventions, a less-structured approach was used.

How were differences between studies investigated?
The authors do not state how differences between the studies were investigated.

Results of the review
Two hundred and ninety-eight publications and 31 grey literature reports were included.

The structural measures on determinants of health seem to be effective (11 out of 16 were classed as effective), but most of these are aimed at the financial accessibility of health services. Five of 11 interventions within the existing curative or preventive programmes in the health care system, such as cancer screening programmes, were found to be effective. Health education approaches in the community, which provide only information, were found to be effective in the higher SES groups but may not be effective in reducing SEHD (6 out of 16 were classed as effective). Programmes providing information alongside personal support, such as that given by a health visitor, seem to be the most effective type of intervention for all SES groups: 32 of 49 such interventions were judged effective in reducing SEHD. Health promotion in combination with structured measures was effective in 2 out of 3 studies.

Interventions in the grey literature include, e.g. provision of free school meals and/or school milk, installation of heating systems in houses, and health promotion interventions for Turkish and Moroccan women. Most of the grey literature interventions found are Healthy Cities Projects, or projects aimed at improving the health of specific deprived groups, such as youths or migrants. The most frequently reported intervention is health education at the local level. Effectiveness data are not given for these interventions.

Authors’ conclusions
Structural measures appear to be the most effective, but cannot be assured to be of use for all determinants. Interventions involving health promotion and education only appear to be successful for reducing SEHD if combined with personal support or structural measures. Some, but not all interventions are reported to be effective. The reported successes and failures are valuable material for any group envisioning an action programme to reduce social inequalities in health. All of the studies show that there is room for improvement in our existing health policies, if everyone in our population is to be reached to the same degree of effectiveness.

CRD commentary
The authors have made a good effort to search the literature for relevant studies using MEDLINE and SEHD, but searches of other databases such as the Social Sciences Citation Index and PsycLIT may have yielded additional publications. There is no indication as to the manner in which decisions of inclusion and validity were made, though data was presented that was extracted from the classification of interventions. The data were suitably presented in a narrative form due to the heterogeneity of study interventions; however, a subgroup analysis of the various types of interventions may have been more informative. The results were clearly presented with important implications. Finally, the type of intervention designs were not described.

Implications of the review for practice and research
This review suggests that interventions to reduce inequality in health can be effective if they either address structural determinants of health, or include both information and personal support. Provision of information alone is not likely to
reduce socioeconomic differences in health.

**Bibliographic details**


**Other publications of related interest**


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