
Thomson H, Atkinson R, Petticrew M, Kearns A

CRD summary
This review evaluated the impact of UK national regeneration programmes on health and socioeconomic determinants. The authors concluded that while impacts are often small and positive, adverse effects are possible, and further research is required. Overall, this was a well-conducted review and the authors’ conclusions about the limited evidence and need for further research are likely to be reliable.

Authors' objectives
To assess the impact of national UK regeneration programmes on health, key socioeconomic determinants and health inequalities.

Searching
BIDS IBSS, COPAC, HMIC (from 1988), IDOX Information Service, Inside, MEDLINE, URBADISC/ACOMPLINE, Web of Knowledge were searched from 1980 to 2004; brief search terms were reported. Governmental departmental libraries, authors of national ABI evaluations and other identified experts were contacted, and the bibliographies of located documents and selected websites were screened.

Study selection
Study designs of evaluations included in the review
All forms of study design were eligible for inclusion. Annual reports and routine audits were excluded unless they presented an evaluation of the programme’s achievements.

Specific interventions included in the review
Studies that evaluated any of the nine UK national programmes of urban regeneration since 1980 (also known as area-based initiatives, ABIs) were eligible for inclusion. These were defined as large-scale investment programmes tackling urban deprivation and the socioeconomic determinants of health. The individual programmes included initiatives based on economic, environmental, employment, social training, education, crime, poverty prevention and housing-led regeneration projects (details of the regeneration programmes were provided in supplementary web-based tables, accessed 12/03/2007. See Web Address at end of abstract).

Participants included in the review
Inclusion criteria for the participants were not specified.

Outcomes assessed in the review
Studies that evaluated population health (using direct or intermediate measures), or socioeconomic determinants of health and health inequalities (housing, education, training, income and employment using direct or indirect measures), were eligible for inclusion. The studies had to evaluate at least two target areas; studies that evaluated single target areas or projects within programme areas were excluded, as were studies reporting only business and enterprise outcomes. The included evaluations reported on self-reported health, mortality, employment levels, educational attainment, household income and housing quality. Most of the data were routinely collected statistics from the UK government, or stakeholders or evaluators’ perceptions of the impact.

How were decisions on the relevance of primary studies made?
One reviewer first screened titles to exclude obviously irrelevant or duplicate documents, then two independent reviewers screened the remaining titles and abstracts. In the case of disagreements or uncertainty, two independent reviewers screened the full articles.
Assessment of study quality
The authors did not state that they formally assessed validity. However, they did discuss some aspects of validity including the adequacy of reporting of study methods.

Data extraction
Two reviewers carried out the data extraction. Impact data, defined as a measure of change in a given outcome over time, were extracted for all health outcomes and selected socioeconomic outcomes relevant to the determinants of health. Gross output data and intermediate outcomes were not included.

Methods of synthesis
How were the studies combined?
The studies were grouped according to the impacts that they evaluated and combined in a narrative. Stakeholders and evaluators’ overall assessments and intermediate outcomes were not included in the synthesis.

How were differences between studies investigated?
Differences between the studies were discussed in the text, while some were apparent from the tables.

Results of the review
A total of 19 impact evaluations (including 9 prospective evaluations) were identified. Only the 10 evaluations that reported impacts on health or socioeconomic determinants were included in the synthesis. The individual studies evaluated impacts at between 2 and 14 sites.

In most of the studies only a few sites were selected for evaluation. Methods used for evaluation, sources of data and sample sizes were poorly reported. Studies often reported that outcomes data were not available and the reporting of data was incomplete.

Impacts on self-reported health and mortality rates (3 studies): one evaluation that surveyed the same residents before and after the ABI found deterioration on three out of four measures of self-reported health, by an average of 3.8%. The two other evaluations found overall improvements in mortality rates (standardised mortality rate 131 compared with 114 in one study, and 122 compared with 118 and a 0.6% improvement in crude mortality rate in the other), although one also found some increases in standardised mortality rates in some of the case study areas.

Impacts on employment and unemployment (9 studies): 8 of the 9 studies reported improvements. However, in some studies improvements were reported in some areas but not others.

Impacts on educational attainment (5 studies): 4 of the 5 studies reported improvements in educational attainments, but improved attainment was also reported across England during the same time period.

Impacts of household income (2 studies): both studies reported improvements in the number of low income households. However, in one study the results were not consistent across all areas.

Impacts on housing quality and rent (2 studies): one study reported that 42.5% of the original residents were living in improved housing after the ABI investment; the other reported a doubling of the social housing rent over the investment period.

Cost information
The funding of each ABI programme was reported, although this was not incorporated into the synthesis.

Authors' conclusions
There was little evidence of the impact of UK national urban regeneration investment on socioeconomic or health outcomes. Where impacts are assessed, they are often small and positive but adverse effects are also possible. Further
evaluations incorporating clear theories of change and including the original residents of target areas are required.

CRD commentary
The review question was clear and broadly defined in terms of the interventions, and outcomes; inclusion criteria for the study design and participants were not specified but, given the nature of the review, this seemed appropriate. An extensive search, that included attempts to locate unpublished evaluations, was conducted for evaluations of UK projects. Methods were used to minimise reviewer error and bias during the data extraction and most stages of the selection process, and this minimised the potential for reviewer bias and error, although it was possible that some potentially relevant studies might have been omitted at the first stage of selection. No systematic assessment of study quality was reported but some limitations of the included studies were reported. Adequate information about the individual intervention ABIs and studies were reported in either the text or supplementary tables. The studies were appropriately combined in a narrative. Overall, this was a well-conducted review and the authors' conclusions about the limited evidence and need for further research are likely to be reliable.

Implications of the review for practice and research
Practice: The authors did not state any implications for practice.

Research: Further work to exploit and synthesis the best available data is required to develop evidence informed healthy public policy. Further evaluations that incorporate clear theories of change informed by existing research evidence and that identify the impacts on original target area residents are also needed.

Bibliographic details

PubMedID
16415258

DOI
10.1136/jech.2005.038885

Additional Data URL
http://www.jech.com/supplemental

Indexing Status
Subject indexing assigned by NLM

MeSH
Adolescent; Adult; Female; Great Britain; Health Policy; Humans; Male; Middle Aged; Program Evaluation; Socioeconomic Factors; Urban Health; Urban Renewal /standards

AccessionNumber
12006000714

Date bibliographic record published
30/04/2007

Date abstract record published
30/04/2007
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.