

Review

Intersectorality and social participation as coping policies for health inequities-worldwide

Regina Celia Fiorati^a, Ricardo A. Arcêncio^b, Javier Segura del Pozo^c,
Milagros Ramasco-Gutiérrez^d, Pilar Serrano-Gallardo^{e,*}

^a School of Medicine of Ribeirão Preto, University of São Paulo, São Paulo, Brazil

^b School of Nursing of Ribeirão Preto, University of São Paulo, São Paulo, Brazil

^c Madrid Salud, Ayuntamiento de Madrid, Madrid, Spain

^d Consejería de Sanidad, Comunidad de Madrid, Spain

^e Departmental Section of Nursing, Department of Surgery, School of Medicine, Autonomous University of Madrid; Instituto Interuniversitario "Investigación Avanzada sobre Evaluación de la Ciencia y la Universidad" (INAECU); Instituto de Investigación Sanitaria Puerta de Hierro Majadahonda (IDIPHIM), Madrid, Spain

ARTICLE INFO

Article history:

Received 25 April 2017

Accepted 13 July 2017

Available online xxx

Keywords:

Intersectorality

Social participation

Social inequities

Social determinants of health

Policies

ABSTRACT

Objective: To determine the impact that intersectoral policies and social participation, implemented worldwide, have had on the modification of the social determinants for health and on the reduction of social health inequities.

Method: A scoping review of the literature published in the period 2005-2015 was performed. The literature search was conducted on PubMed and Scielo databases. Two researchers reviewed each document. Data were analysed according to the intersectoral action and social participation variables and according to the theoretical frameworks of the Social Determinants Model of the Commission on Social Determinants of Health (CSDH) and the theoretical constructs of Social Capital (SC) and Life Course (LC). **Results:** Out of 45 documents likely to be selected for final review, all of them based on title and abstract, 20 documents were eventually picked out and analysed; most them (n = 8) were conducted in all Latin America and Latin America's countries. Twelve documents reported intersectoral action associated with social participation in partnership with different institutions. Regarding theoretical frameworks, most of studies (n = 8) used CSDH and SC. In relation to health outcomes, the studies showed mainly: increased access to health and education, follow-up of pregnant women, increasing in prenatal examinations, reduction in malnutrition/child mortality, reduction in extreme poverty/hunger; reduction in epidemics/tuberculosis, control of alcohol/drug consumption, promotion of health/mental as well as basic sanitation improvements.

Conclusions: Intersectoral and social participation experiences studied yielded positive outcomes regarding health status and quality of life in the communities in which such experiences were implemented.

© 2017 SESPAS. Published by Elsevier España, S.L.U. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Intersectoralidad y participación social como políticas de afrontamiento para las desigualdades en salud en el mundo

RESUMEN

Objetivo: Determinar el impacto que las políticas intersectoriales y la participación social, implementadas en todo el mundo, han tenido tanto en la modificación de los determinantes sociales de la salud como en la reducción de las desigualdades sociales en salud.

Método: Se realizó una revisión exploratoria (periodo 2005-2015). La búsqueda bibliográfica se hizo en las bases de datos PubMed y Scielo. Cada artículo fue revisado por dos investigadores. Los datos fueron analizados según las variables de acción intersectorial y participación social, y de acuerdo con los marcos teóricos: modelo de determinantes sociales de la Comisión de Determinantes Sociales de la Salud (CDSS) y constructos teóricos de capital social (CS) y curso de la vida.

Resultados: De los 45 documentos seleccionables para la revisión final, basándose en el título y el resumen, 20 fueron seleccionados y analizados; la mayoría (n = 8) realizados en América Latina. Doce artículos informaban sobre acciones intersectoriales en asociación con participación social en colaboración con diferentes instituciones. En cuanto a los marcos teóricos, la mayoría (n = 8) utilizaron CDSS y CS. En relación con los resultados de salud, los estudios mostraron principalmente: mayor acceso a la salud y educación, seguimiento de embarazadas, aumento en exámenes prenatales, reducción de la desnutrición/mortalidad

Palabras clave:

Intersectorialidad

Participación social

Desigualdades sociales

Determinantes sociales de la salud

Políticas

* Corresponding author.

E-mail address: pilar.serrano@uam.es (P. Serrano-Gallardo).

<http://dx.doi.org/10.1016/j.gaceta.2017.07.009>

0213-9111/© 2017 SESPAS. Published by Elsevier España, S.L.U. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

infantil, reducción de la pobreza extrema/hambre, reducción de las epidemias/tuberculosis, control del consumo de alcohol/drogas, promoción de la salud/salud mental, y mejoras en el saneamiento básico.

Conclusiones: Las experiencias intersectoriales y de participación social estudiadas arrojan resultados positivos en el estado de salud y calidad de vida de las comunidades en que fueron implementadas.

© 2017 SESPAS. Publicado por Elsevier España, S.L.U. Este es un artículo Open Access bajo la licencia CC BY-NC-ND (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Introduction

Around 10 years after the creation of the WHO Commission on Social Determinants of Health (CSDH-WHO), and after some progress in studies on reducing health inequities, particularly in Europe, high indices of vulnerability and social inequity continue in certain social groups. This situation produces differentiated access to material and symbolic resources that impact the health of people and populations.¹

In Latin American and other poor countries, there are peripheral urban territories marked by poverty, low education levels, unemployment or informal income generation, violence, insertion, high rates of abuse of alcohol and other drugs, disruption of social networks of support, and geographical and political exclusion. Africa has even the highest morbidity burden compared to other regions, and it also has the lowest per capita expenditure on health.¹ Studies show how the poverty present in many people affects all life and health from birth and throughout the life course reducing life expectancy and increasing the chances of premature death in the most inequitable countries. Focusing on poverty is essential to Global Commission on the Social Determinants of Health.²⁻⁵ Exclusion from or difficult access to income, work, education, housing, transportation and mobility, culture, leisure, a sustainable environment and social support networks cause of health inequities in poor countries. There are groups of people that suffer health problems and deaths, which are unfair and avoidable.^{6,7}

Studies have emphasised the strong recommendation of the CSDH-WHO in the construction of intersectoral policies to address health inequities. Intersectoral Action for Health is an important component of the Global Strategy for Health for All by the Year 2000 and a component of the 2006 "Health in All Policies" (HiAP). A HiAP approach promotes "effective and systematic action for the improvement of population health, using genuinely all available measures in all policy fields".⁸ Intersectoral actions should occur at superstructural levels and be based on agreements between areas of government, i.e. all other sectors (economic, labour and employment, education, transportation, housing, environment, etc.) should elect health promotion as a priority, through global action aimed at reducing social inequities.⁹⁻¹³

Strategies focused in intersectoral policies are indisputable from the viewpoint of its urgency and necessity, but it is insufficient when considering the growth of social problems in urban territories in medium and large cities worldwide, especially cities in poor or developing countries.¹⁴ Therefore, in addition to these strategies from the central government of a country, it is necessary to include civil society in order to execute actions to reduce social inequities that affect the levels of health of the population, especially in the poorest territories.¹⁵

Thus, a scoping review was conducted with the general objective of determining the impact that intersectoral policies and social participation, implemented worldwide, have had on the modification of the social determinants of health and on the reduction of social inequities in health.

It is worth noting that there are studies referring to HiAP, including evaluation studies of the policies implemented in several countries, mainly in Europe^{1,6,14}. However, few studies have

shown intersectoral policies and community participation. So, this review could inform future intersectoral policies including successful experiences with the participation of civil society.

Method

A scoping review is a review method characterised by researching the existing, relevant literature, which seeks to map and summarise a series of tests to convey the range and depth of a field supported in evidence-based practice. The scoping review method has six stages: 1) identifying the research question; 2) identifying relevant studies; 3) study selection; 4) charting the data; 5) collating, summarising and reporting the results; and 6) consultation with interested individuals to inform or validate study results (optional).¹⁶

The current review was carried out from October to December 2015 and in the following stages:

1. *Identifying the research question.* The research question was identified as: "What policies or actions or strategies or programs, that include intersectoral actions and social participation focussing on the social determinants of health and reduction of social health inequities (SHI), which have been implemented worldwide, have shown modifications of these determinants and/or reduction of these inequities?". In this work, intersectorality is understood as a policy and as a technical and administrative process that involves negotiation and the distribution of power, resources and capacities (technical and institutional) between different sectors. Intersectoral action is understood as not only the political intent of the government, but also managerial capacity, together with new institutional arrangements between different sectors of the administration to achieve results. Social participation is understood as organisational arrangements and practices that involve groups and organisations of civil society, particularly those that work with resource allocation for health needs.¹⁷
2. *Identifying relevant studies.* Databases were searched by pairs on PubMed and SciELO. The selection of these databases was due to the criterion of the search range, which allowed access to worldwide studies (PubMed) and Latin America (SciELO), thus recognising the importance of programmes and initiatives in Latin America on the SDH, through intersectoral strategies. The search period was from 2005 to 2015. This criterion was determined in line with the creation date of the CSDH-WHO in March 2005; this fact has been considered relevant for the development, by the countries, of policies and actions oriented to the modification of the social determinants of health as well as to the reduction of SHI. The search strategies applied to the databases are presented in [Table 1](#).
3. *Study selection.* The studies were selected according to an analysis of the title, followed by an analysis of the abstract and, finally, a thorough analysis of the content, conducted in two stages a full reading of documents by each reviewer on independent way and then by pair. Documents focused on the research question (intersectoral actions and social participation focussing on the social determinants of health and reduction of social health inequities)

Download English Version:

<https://daneshyari.com/en/article/7510703>

Download Persian Version:

<https://daneshyari.com/article/7510703>

[Daneshyari.com](https://daneshyari.com)