Reviewer's report

Title: Intersectional Action for Health Equity: a rapid systematic review

Version: 1 Date: 13 June 2013

Reviewer: Marilyn Wise

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Compulsory revisions. Background and Research Question sections.

The paper is entitled Intersectional action for health equity: a rapid systematic review. But the focus of the paper is on intersectoral action for health equity – a difference that may or may not be important. The authors do not, however, explain this.

1. Is the question posed by the authors well defined?

The background section does not construct a logical, evidence-based argument for the work. The definition of health equity should come at the beginning of the section, and the second-last paragraph should follow the definition of health equity.

In the paragraphs that currently begin the background section, the authors have not explained the logic pathway being used to link action to improve the living and/or working conditions of low-income and marginalized social groups, with health equity. It is assumed that the purpose of most of the projects included in the study was to ‘close the gap’ in access to social determinants of health (suitable housing, oral health care, early childhood literacy) between high and low-income groups. It is also assumed that, by working directly with low income or marginalized groups it will be possible to ‘close the gap’ – but most of the projects reviewed took place over too little time and on too limited a scale to be able to measure such an outcome.

Having stated initially that the health sector may have no role in addressing the social determinants of health, the authors then conduct a study that considers ‘intersectoral interventions, policies, and programs, undertaken by the health sector in collaboration with sectors outside of health’. Two definitions of the term ‘intersectoral action’ are used – one ‘actions taken by sectors outside the health sector – with or without collaboration with the health sector; the other, used in the study, refers to intersectoral action as a collaborative activity between the public health sector and other sectors.

The reason I am questioning this is that the nature and quality of the relationship between the health and other sectors (in intersectoral collaboration) is one influence on outcomes achieved through intersectoral action. Action by other sectors to redress the inequitable distribution of opportunities for education, social safety networks, or employment or housing conditions is independent of
the nature and quality of the relationship. And action by other sectors (and/or with the health sector) is not inherently likely to increase health equity.

This distinction is not clearly identified in the background – it is not clear what, actually, is being assessed in these studies of ‘intersectoral action’ - the nature and quality of the relationship between the health and other sectors?; the focus and work of sectors other than health in improving health equity?; or the quality of interventions that had been established to reduce health inequity? Later, on page 7, the authors have decided to focus on how the ‘studies’ intervened on social determinants of health – and actually, the focus was on ‘where’ the interventions occurred – upstream, midstream, or downstream.

2. Are the methods appropriate and well described?

The method is confounded by the lack of specificity in the definition of intersectoral action and in the definition of the anticipated logic pathway between determinants of health inequities, intersectoral action, and health equity outcomes.

The authors have included additional questions in the ‘research question’ section – and these are not, then, answered by the research (or at least, no reported in this paper).

The search terms used in conducting the literature search should be included in the text (in addition to being identified as key words at the beginning of the article). Otherwise, the methods section is clear and demonstrates use of best practice reviewing methods.

3. Are the data sound?

The data are, essentially, summaries of the purposes and findings of the range of the seventeen studies that were included in the systematic review. [Actually, it is not clear exactly how many studies were reviewed – 16 or 17]. Compulsory revision – check which number is correct.

Table 3 in Appendix Two is very detailed. It is necessary to read this in association with the body of the text in order to make real sense of the summaries in the text. (Discretionary revision: inclusion of Table 3 in the text – see my response to Q4 below).

The information about ‘where’ interventions were focused is interesting – a way of analyzing whether the intended focus of action on the ‘social determinants of health’ did lead to greater emphasis on upstream intervention.

It is striking, however, that the review reflects a common problem in reporting on the impact or outcomes of health promoting interventions – the lack of description and analysis of the intervention itself. This is a wider problem in the literature – a systematic review simply confirms that this is the case. In a study such as this, focusing, in part, on the characteristics of intersectoral partnerships that
contributed to action to increase health equity, the lack of data describing interventions in source articles makes it impossible to do more than comment (as the authors have done) on this.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?

The results section would be improved by the inclusion of Table 3 within the text – or a pared down version of it. The summaries are not sufficiently detailed to enable the reader to make sense of the discussion that follows. Including more details of the analysis would assist with this.

5. Are the discussion and conclusions well balanced and adequately supported by the data?

The discussion section is well developed and does reflect accurately on the findings of the review and provides very incisive analysis of the era of practice that was included in the review.

The conclusions and implications sections are useful. It would as well, be useful, to suggest that papers reporting on the impact and/or outcome of interventions include much more detail about the nature/type/scale and quality of the interventions themselves. In health promotion, it’s vital to know not only about ‘did an intervention work’ but also ‘what was the intervention’.

6. Are limitations of the work clearly stated?

Yes.

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?

Yes.

8. Do the title and abstract accurately convey what has been found?

See comments in response to Q1 above.

9. Is the writing acceptable?

Yes, for the most part the writing is acceptable. However, the introductory sections need to be revised to clarify concepts, logic, and the background/purposes of the study more clearly.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests:
'I declare that I have no competing interests'