

# HEALTH EQUITY IN INTERVENTIONS PROMOTING HEALTHY AGING

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## BACKGROUND

The context in which individuals are born, live, and work creates underlying inequities that can affect their health throughout life. These inequities lead to disparities in disease incidence, health outcomes, and access to healthcare across different population groups\*.

## AIM

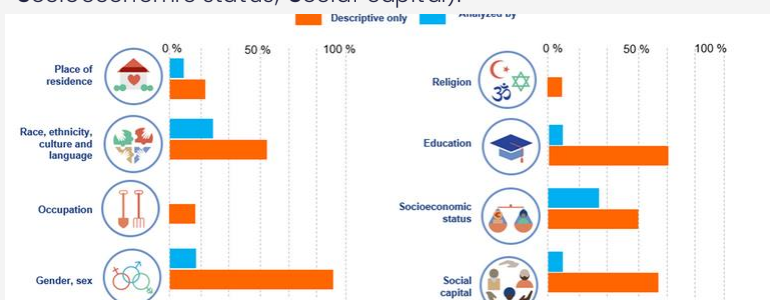
**To identify equity-related factors that influence the outcomes of healthy aging strategies and interventions in healthcare settings.**

## METHODS

A scoping review was conducted to map the existing literature on equity-related factors influencing the outcomes of healthy aging strategies and interventions in healthcare settings.

The search strategy combined keywords and subject headings in three main clusters: 1. Healthy aging; 2. Public health interventions, policies, and infrastructure; 3. Ethical, Legal and Social Implications (ELSI)

Social and structural factors contributing to inequities were categorized using the **PROGRESS** framework\* (Place of residence; Race/ethnicity; Occupation; Gender; Religion; Education; Socioeconomic status; Social capital).



**FIGURE 1: EQUITY ASPECTS IN STUDIES**

Gender/sex was the most frequently reported aspect (n = 66, 100%), followed by education (n = 46, 73%), race/ethnicity (n = 35, 56%), and socioeconomic status (n = 35, 56%). Religion was the least reported aspect (n = 6, 10%).

Socioeconomic status was the most frequently aspect analyzed in intervention outcomes (n = 17, 49%). No studies analyzed outcomes by occupation or religion

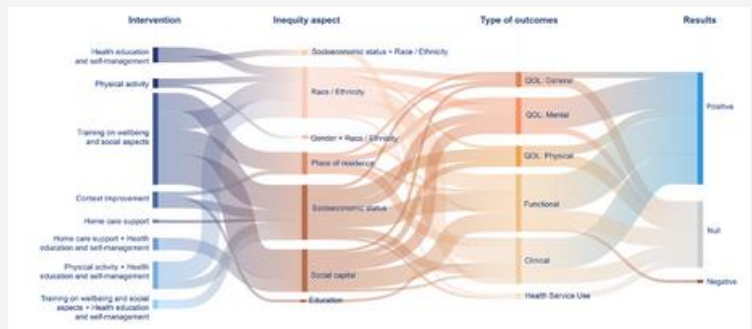
## RESULTS

- Of 5,892 articles screened, 144 were assessed by full text for eligibility, and 66 articles were included in the study. Articles were divided according to study population:
- Mixed population studies** (Fig. 2) – Studies including participants from the general population and analyzed according to the PROGRESS framework. These showed mixed results for disadvantaged populations. While overall results were usually positive, this did not usually carry over to the disadvantaged populations. Often for these groups the outcomes were null or even negative
- Focused population studies** (Fig 3) – Studies focused on disadvantaged populations. These showed more positive results, thereby decreasing inequity for these populations.



**FIG. 2 EQUITY OUTCOMES OF INTERVENTIONS: MIXED POPULATION STUDIES**

Most studies reported positive or null effects: primarily improvements in mental quality of life, functioning, and clinical outcomes. The majority of interventions had no effect on inequity, a minority decreased inequities and a significant portion increased inequities.



**Fig. 3 Equity Outcomes of Interventions: Focused population Studies.**

THE MAJORITY OF STUDIES SHOWED POSITIVE OUTCOMES: MOSTLY ON MENTAL QUALITY OF LIFE, FUNCTIONAL, AND CLINICAL ASPECTS.

## DISCUSSION

There is a lack of detailed reporting on the effects of healthy aging interventions on various populations defined by the PROGRESS framework. This limits our understanding of how and why healthy aging interventions may affect equity.

- Future research should measure and analyze the effects of interventions by PROGRESS factors. Generally neglected dimensions, such as religion and occupation, should be specifically addressed.
- The potential combined effects of PROGRESS aspects (intersectionality) should be investigated, necessitating larger sample sizes that enable study of multiplicative effects.
- Future studies should investigate tailored interventions specifically designed to reduce inequity and minimize inadvertent exacerbation of inequity.

O'Neill J, Tabish H, Welch V, Petticrew M, Pottie K, Clarke M, et al. Applying an equity lens to interventions: using PROGRESS ensures consideration of socially stratifying factors to illuminate inequities in health. J Clin Epidemiol. 2014;67(1):56–64.