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A Rapid Review of Sustainable Health Interventions: Results Synthesised from the PUBMED Database in 2014

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Abstract: Accommodation for both humans and animals could have impacted on both occupants and environments at the same time. Consequently, sustainable housing with a systematic life-cycle assessment has been one of the research focuses in the recent decades with an aim to lessen negative impacts on natural environments and to optimise occupant health and wellbeing. Following this context, it was aimed to carry out a systematic review to synthesise existing literature published until September 2014 on sustainable housing examples from two largest research databases covering health and development research. There were 10 research articles found in the PUBMED database and other 8 research articles additionally found in the ScienceDirect database. Sustainable housing examples mainly came from Americas and Europe while a few were from Africa and Australia. No sound studies were found from Asia. The research quality of these studies was from low to medium only. Research into sustainable housing examples for either humans or animals is still limited and research methodology was not robust enough to give clear indications on the promotion of sustainability in different housing environments. Collaborations between epidemiologists and engineers to employ real-life housing examples and to conduct rigorous research and follow-ups are therefore suggested.

Keywords: housing; sustainability; systematic review

1. Introduction

Health promotion and interventions have been one of the main focuses in clinical medicine and public health over decades. The aim of medical treatments and health promotion is to produce intervention effects that may be sustained over time and to help human individuals enact the "normal" life, which the majority has lived and been widely accepted in the society.[1] Until today, there does not seem to be a perfect prevention and/or intervention plan/program that could help sustain human health status for a very long time. The following negative effect is the excess medical and social resources and mental pressure for patients, family members and the whole society to burden. To policy makers, it is unfortunate that there were relatively few rigorous empirical studies and often with confusing definitions and statistical models. Innovative but low-cost interventions have been encouraged but the sustainability of each intervention program could have been ignored. Therefore, it was aimed to carry out a rapid review to synthesise very recent existing literature on sustainable health interventions.

2. Results and Discussion

There were 1,241 identified published articles from the PUBMED database using keywords including "sustainable" and "intervention". About 41 out of 198 (20.7%) research articles published in 2014 met the inclusion criterion (research articles describing health interventions in relation to follow-up time periods) and included for presentation. **Table 1** presents publication year, journal, author(s), research question(s), study design and results from each of the included research articles. Critique on study limitations were discussed as well. Overall, the study samples used were small and not generalisable. The follow-up time periods varied and some of the studies also showed no significant effects over time which would leave room for improvement in future research.

Table 1. List of the included articles from the PUBMED database.

Publishing year, journal and author(s)	Location	Research objective(s)	Follow-up time	Results	Limitations
2014 J Acquir Immune Defic Syndr. Fisher, et al.[2]	KwaZulu Natal, South Africa	To determine whether a brief lay counselor delivered intervention implemented during routine care can reduce risky sex among PLWH on ART	At 6, 12 and 18 months post-intervention	Intervention participants reported significantly greater reductions in HIV risk behavior on both primary outcomes, compared to standard-of-care participants.	1) No fulltext available 2) Potential sampling bias 3) Non-generalizability of findings
2014 Implement Sci. Witte, et al.[3]	New York, USA	Tot test whether training and technical assistance (TA) in a couple-based HIV prevention program using a Web-based	At 6, 12 and 18 months post-intervention	Web-based modality is not better than (nor more sustainable) manual-based modality.	1) Potential sampling bias 2) Non-generalizability of findings

		modality would yield greater program adoption of the program compared to training and TA in the same program in a manual-based modality			
2014 BMC Psychiatry. Watzke, et al.[4]	Hamburg, Germany	To test the effectiveness of the stepped-care model from baseline to t3 (12 months)	At 3, 6 and 12 months post-intervention	A collaborative care model may significantly improve the health care situation of depressive patients as well as the interaction and care delivery of different care providers on various levels	1) No presentation of actually results at each follow-up time point 2) Non-generalizability of findings
2014 Ann Am Thorac Soc. Dinglas, et al.[5]	Maryland, USA	To evaluate the sustained effect of a quality improvement project on the timing of initiation of active physical therapy intervention in acute lung injury patients	At 5 years post-intervention	An early rehabilitation QI project was independently associated with a substantial decrease in the time to initiation of active physical therapy intervention that was sustained over 5 years	1) Potential sampling bias 2) Non-generalizability of findings
2014 BMC Public Health. Ebert, et al.[6]	Lüneburg, Germany	To investigate the acceptability and (cost-) effectiveness of minimal guided and unguided Internet- and mobile based stress-management interventions in employees with heightened levels of perceived stress	At 7 weeks and 6 months post-intervention	None.	1) No actual results yet since it is a study protocol 2) Non-generalizability of findings
2014 J Acad Nutr Diet. Bertz, et al.[7]	Gothenburg, Sweden	To evaluate dietary changes during and after a dietary treatment shown to result in significant and sustained weight loss among lactating overweight and obese women	At 3 and 12 months post-intervention	At 12 weeks and 1 year, the dietary treatment led to reduced intake of energy ($P<0.001$ and $P=0.005$, respectively), fat (both P values <0.001), and sucrose ($P<0.001$ and $P=0.050$).	1) Small sample size 2) Non-generalizability of findings
2014 Psychooncology. Short, et al.[8]	Newcastle, Australia	To evaluate the efficacy of two distance-based interventions for promoting physical	At 4 months post-intervention	Participants randomised into the tailored-print intervention group	1) No observation with longer follow-up time

		activity among breast cancer survivors compared with a standard recommendation control		were three times more likely to commence resistance training and meet the resistance-training guidelines immediately post-intervention than participants allocated to the control group.	2) Non-generalizability of findings
2014 J Med Internet Res. Schweier, et al.[9]	Germany	To examine the effects of using Web-based patient narratives about successful lifestyle change on improvements in physical activity and eating behavior for patients with coronary heart disease and chronic back pain 3 months after participation in a rehabilitation program	At 3 months post-intervention	No statistical significance was found.	N/a
2014 BMC Pediatr. Penfold, et al.[10]	rural southern Tanzania	To examine the effect on newborn care practices one year after full implementation	At 12 months post-intervention	Not much strong effect was shown.	N/a
2014 Trials. Ojha, et al.[11]	rural Bihar, India	To conduct a limited cluster randomized trial of the Rojiroti intervention	At 18 months post-intervention	None.	1) No actual results yet since it is a study protocol 2) Non-generalizability of findings
2014 Child Obes. Polacsek, et al.[12]	Maine, USA	To evaluate the effect of Maine Youth Overweight Collaborative on provider knowledge, beliefs, practices, patient experience, and office systems, in 2012, three years post-intervention	At 3 years post-intervention	Many key Maine Youth Overweight Collaborative improvements were sustained or improved 3 years postintervention and demonstrated improvements, as compared to control sites.	1) No fulltext available 2) Non-generalizability of findings
2014 J Womens Health (Larchmt). Foraker, et al.[13]	Ohio, USA	To assess longitudinal changes in blood pressure and blood lipids in a population of premenopausal women	At 12 months post-intervention	A decrease in systolic blood pressure was the only favorable change that was sustained in this study population.	1) Small sample size 2) Non-generalizability of findings
2014 JAMA Pediatr.	The Netherlan	To determine whether an inpatient treatment	At 12, 18 and 24	The favorable outcomes of the	N/a

van der Baan-Slootweg, et al.[14]	ds	program is more effective than an ambulatory treatment program at achieving a sustained weight loss in children and adolescents with severe obesity	months post-intervention	inpatient group could not be sustained at 12 and 24 months after treatment.	
2014 Psychiatr Serv. Madan, et al.[15]	USA	To investigate if the reduction in seclusion and restraint use at an inpatient psychiatric facility was sustained over time	At 4 years post-intervention	The formal intervention period and subsequent follow-up periods showed a stabilization effect (p<.001).	1) No fulltext available 2) Non-generalizability of findings
2014 Springerplus. Weinhardt, et al.[16]	USA	To examine improvements in people's economic status and food security translate into changes in HIV vulnerability	At 18 and 36 months post-intervention	None.	1) No actual results yet since it is a study protocol 2) Non-generalizability of findings
2014 JMIR Res Protoc. Volker, et al.[17]	Australia	To examine a cardiovascular disease risk reduction intervention in primary health care	At 12 months post-intervention	None.	1) No actual results yet since it is a study protocol 2) Non-generalizability of findings
2014 Am J Med Sci. Mills, et al.[18]	Argentina	To examine whether a comprehensive intervention program within a national public primary care system will improve hypertension control among uninsured hypertensive men and women and their families	At 18 months post-intervention	None.	1) No actual results yet since it is a study protocol 2) Non-generalizability of findings
2014 Work. Sellschop, et al.[19]	Johannesburg, South Africa	To implement and measure the effects of a computer--related ergonomics intervention on grade eight learners in a school environment	At 6 months post-intervention	The intervention group showed a significant reduction in the prevalence of musculoskeletal pain from 42.6% at baseline to 18% six months post intervention (p< 0.003)	1) Small sample size 2) Non-generalizability of findings
2014 Behav Res Ther. Hedman, et al.[20]	Sweden	To investigate the clinical effectiveness and cost-effectiveness of Internet-based cognitive behavior therapy compared to cognitive	At 4 years post-intervention	Internet-based cognitive behavior therapy for Social anxiety disorder yields large sustainable effects	1) Small sample size 2) Non-generalizability of findings

		behavioral group therapy four years post-treatment.		and is at least as long-term effective as cognitive behavioral group therapy.	
2014 PLoS Negl Trop Dis. Lier, et al.[21]	northern Vietnam	To investigate the effectiveness of preventive chemotherapy to control fishborne zoonotic trematodes	At 2, 16, 29 and 60 weeks post-intervention	The prevalence of trematode eggs in stool was 40.2% before, 2.3% two weeks after and increased to a cumulative prevalence of 29.8% sixty weeks after preventive chemotherapy.	Non-generalizability of findings
2014 JMIR Res Protoc. Bouwsma, et al.[22]	Amsterdam, The Netherlands	To evaluate the cost effectiveness of a new care program for patients undergoing hysterectomy and/or adnexal surgery for benign disease, compared to the usual care	At 2, 6, 12, 26, and 52 weeks after surgery	None.	1) No actual results yet since it is a study protocol 2) Non-generalizability of findings
2014 BMC Public Health. Veitch, et al.[23]	north-eastern suburbs of Melbourne, Australia.	To examine whether park improvement increases overall park usage, park-based physical activity and active travel to and from the park in the intervention compared with the control park	At 1 and 2 years post-intervention	None.	1) No actual results yet since it is a study protocol 2) Non-generalizability of findings
2014 JAMA Otolaryngol Head Neck Surg. Smith, et al.[24]	Canada	To determine the effect of our low-risk tracheotomy clinical pathway on the time to decannulation and to determine its safety and sustainability by assessing the incidence of adverse events	At 30 days after decannulation	Mean (SD) total time to decannulation in the baseline cohort was 15.50 (12.08) days. After implementation of the pathway in the pilot cohort, mean (SD) total time to decannulation decreased to 5.74 (2.79) days (P < .001). In the follow-up cohort, mean (SD) total time to decannulation was 8.13 (7.09) days (P = .003).	1) Small sample size 2) Non-generalizability of findings
2014 Cancer Prev Res (Phila). Egner, et al.[25]	rural He-He Township, Qidong,	To determine possible enhancement of detoxication of airborne pollutants by a broccoli	At 1, 7, 14, 28, 42, 56, 70, and 84 days post-	Broccoli sprout beverage enhanced urinary benzene mercapturic acid	1) Small sample size 2) Non-generalizability

	China	sprout beverage	intervention	levels but not urinary acrolein and crotonaldehyde mercapturic acid levels.	of findings
2014 J Clin Psychopharmacol. Psaros, et al.[26]	USA	To examine the feasibility and potential clinical effect of cognitive behavioral therapy for the prevention of recurrence for women with a history of recurrent major depressive disorder who planned to discontinue maintenance antidepressants treatment for pregnancy	At 24 weeks post-intervention	Over the 24 weeks of the trial, 75% (n = 9) of participants did not restart antidepressants and did not relapse to depression.	1) Small sample size 2) Non-generalizability of findings
2014 J Clin Psychiatry. Magid, et al.[27]	USA	To determine whether a single treatment of botulinum toxin A in the forehead (glabellar) region can improve symptoms of depression in patients with major depressive disorder, as defined by DSM-IV criteria	At 3, 6, 12, 15, 18 and 24 weeks post-intervention	Patients who received onabotulinumtoxinA at week 0 (onabotulinumtoxinA-first group) and at week 12 (onabotulinumtoxinA-second group) had a statistically significant reduction in major depressive disorder symptoms as compared to placebo.	1) Small sample size 2) Non-generalizability of findings
2014 Implement Sci. Li, et al.[28]	Oregon, USA	To conduct a preliminary cost-effectiveness analysis of the Tai Ji Quan: Moving for Better Balance program	At 24 weeks post-intervention	None.	1) No actual results yet since it is a study protocol 2) Non-generalizability of findings
2014 Jt Comm J Qual Patient Saf. Lim, et al.[29]	Singapore	To assess the effect of a series of quality improvement initiatives in improving the referral process and the overall performance of the 3-Minute Nutrition Screening tool	At 1, 2, 3 and 4 years post-intervention	Error rates were reduced to 25% (2010), 15% (2011), 7% (2012), and 5% (2013), and the percentage of blank or missing forms was reduced to and remained at 1%.	Non-generalizability of findings
2014 Am J Public Health. Metsch, et al.[30]	USA	To evaluate the impact of a dental case management intervention on dental care use	At 6, 12 and 18 months post-intervention	The odds of having a dental care visit were about twice as high in the intervention group as in the standard care group at 6 months (adjusted odds ratio [OR] =	1) No fulltext available 2) Non-generalizability of findings

				2.52; 95% confidence interval [CI] = 1.58, 4.08) and 12 months (adjusted OR = 1.98; 95% CI = 1.17, 3.35), but the odds were comparable in the 2 groups by 18 months (adjusted OR = 1.07; 95% CI = 0.62, 1.86).	
2014 Int J Qual Health Care. Olomu, et al.[31]	Michigan, USA	To examine the sustainability of an in-hospital quality improvement intervention, the American College of Cardiology's Guideline Applied to Practice in acute myocardial infarction	At 1 year post-intervention	Early benefits of the Mid-Michigan GAP intervention on guideline use were only partially sustained at 1 year.	Non-generalizability of findings
2014 Aust Fam Physician. Frank, et al.[32]	Australia	To assess the effect on performance of preventive activities and on patient outcomes	At 52 weeks post-intervention	The rate fell from the 9th week.	1) Small sample size 2) Non-generalizability of findings
2014 Aust Fam Physician. Mackenzie, et al.[33]	Sydney, Australia	To evaluate the outcomes and feasibility of using chronic disease management items for occupational therapy and physiotherapy sessions to address falls risk	At 2 months post-intervention	There were significant improvements in everyday functioning (P = 0.04), physical capacity (P = 0.01) and falls efficacy (P =0.01).	1) Small sample size 2) Non-generalizability of findings
2014 Rural Remote Health. Ritchie, et al.[34]	Canada	To evaluate the impact of an outdoor adventure leadership experience on the resilience and wellbeing of First Nations adolescents from one reserve community	At 1 and 12 months post-intervention	The mean RS-14 score was 73.65 at baseline, and this improved 3.40 points (p=0.011) between T1 and T2. However, the resilience scores at T3 (1 year post-outdoor adventure leadership experience) had a mean of 74.19, indicating a return back to pre- outdoor adventure leadership experience levels.	1) Small sample size 2) Non-generalizability of findings
2014 BJOG. Vonk Noordegraaf, et al.[35]	The Netherlands	To evaluate the effectiveness of an eHealth intervention on recovery and return to work, after gynaecological surgery	At 12 an 26 weeks post-intervention	Quality of life was different between groups but not recovery	1) Small sample size 2) Non-generalizability of findings

2014 BMC Health Serv Res. Bajorek, et al.[36]	New South Wales, Australia	To test the utility of a novel decision support tool in improving the use of preventative therapy to reduce the significant burden of stroke	At 1, 6 and 12 months post-intervention	None.	1) No actual results yet since it is a study protocol 2) Non-generalizability of findings
2014 Int Health. West-Pollak, et al.[37]	Villa Juana, Santo Domingo	To assess a cost-effective and sustainable approach to lifestyle modification in underdeveloped countries can be implemented using community members as healthcare champions	At 6 and 12 months post-intervention	Patients showed significant improvements after 6 months in systolic blood pressure (p=0.001), diastolic blood pressure (p=0.000002) and HbA1c (p=0.015). HbA1c improved further at 1 year (p=0.005).	1) Smalll sample size 2) Non-generalizability of findings
2014 Eur J Cardiovasc Nurs. Ylimäki, et al.[38]	Finland	To assess the effects of a counselling intervention on lifestyle changes in certain-aged people at risk of cardiovascular disease	At 12 months post-intervention	Some positive cardiovascular health improvements were detected between baseline and six months, but not as clearly between baseline and 12 months.	1) Small sample size 29 Non-generalizability of findings
2014 Spine J. Rampersaud, et al.[39]	Canada	To assess outcomes and cost-utility after surgical treatment of focal lumbar spinal stenosis compared with osteoarthritis of the hip or knee	At 5-10 years post-intervention	Significant improvements in HRQoL after surgical treatment of FLSS with or without spondylolisthesis and hip and knee OA are sustained for a mean of 7 to 8 years.	1) Small sample size 2) Non-generalizability of findings
2014 Drug Alcohol Depend. Li, et al.[40]	Vietnam	To assess correlated outcomes of a pilot intervention for people injecting drugs and their family members	At 3 and 6 months post-intervention	No clear results.	1) Small sample size 2) Non-generalizability of findings
2014 Telemed J E Health. Chung, et al.[41]	Hong Kong, China	To test obese participants to determine whether teledietetics shows better results in weight reduction	At 6 and 12 weeks post-intervention	No significant changes.	N/a
2014 Am J Ind Med. Oude Hengel, et al.[42]	The Netherlands	To analyze the cost-effectiveness and financial return from the employers' perspective of a prevention program.	At 12 months post-intervention	No significant changes.	N/a

3. Experimental Section

The present study employed a systematic review approach with a rather small time period (articles published in 2014 only), which is used to provide research evidence for future research and policy use. According to Khan, et al,[43] a review earns the adjective systematic if it is based on a clearly formulated question, identifies relevant studies, appraises their quality and summarises the evidence by use of explicit methodology. Following this framework, the proposed 5 steps, namely "Framing questions for a review", "Identifying relevant work", "Assessing the quality of studies", "Summarising the evidence" and "Interpreting the findings", of conducting a systematic review were therefore adopted in the current study. A rapid review using the systematic review approach summarises very recent research evidence, which was originally proposed to review literature from 6 weeks to 6 months.[44] The strength is to keep up to date with research progress immediately and to adopt changes when necessary while the limitation is the missing of relevant information leading to conclusion bias. Therefore, rapid reviews are more suitable for indicating research gaps and future directions than determining specific research answers. In the present study, the inclusion criterion of literature was research articles describing health interventions in relation to follow-up time periods. Therefore, keywords used were "sustainable" and "intervention". Articles on interventions not for the purpose of tackling health problems were excluded. Since this study is only a literature search and synthesis by extracting published research articles from the PUBEMD database in 2014, no further ethics approval was required.

4. Conclusions

There have been an increase of research articles on health interventions with a focus on sustainable effects in recent years. However, methodologically, most of the studies were suffering from small sample size and/or sampling bias. In addition, most of the articles did not mention if and how their interventions could be improved and whether a plan to repeat would be expected thereafter. There could have been innovative and low-cost interventions presented, but interventions with long-term effects should be more explored and documented than those with short-term effects. It is not a game for researchers to compete on novel ways of studies to get published, but a contribution to be made to help and optimise human health in real life. In sum, academic rigour should be applied to sustainable health intervention research. A standard of documenting intervention effects according to follow-up time periods systematically would be strongly suggested.

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Conflict of Interest

The author declares no conflict of interest.

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