Lay health advisor interventions among Hispanics/Latinos: a qualitative systematic review  
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CRD summary  
This review examined how lay health advisors have been evaluated in US-Hispanic/Latino communities. It concluded that the current evidence was quite poor and more rigorous research was needed. The review had several limitations, but overall the authors' conclusions are likely to be reliable.

Authors' objectives  
To examine how lay health advisor approaches have been used and evaluated within Hispanic/Latino communities in the USA.

Searching  
AgeLine, CINAHL, EBSCO Academic Search Elite and Premier, ERIC, Health Source Consumer and Nursing and Nursing/Academic Editions, pre-CINAHL, PsycINFO and PubMed were searched for articles published in English from inception to July 2006; search terms were reported. Reference lists of relevant publications were searched.

Study selection  
It appeared that studies of adult Hispanic or Latino lay health advisors of either gender working in Hispanic or Latino communities in the USA were eligible for inclusion in the review. Studies that included non-Hispanics and non-Latinos were included only if at least half the lay health advisors were Hispanic or Latino.

Of the studies included in the review, the most common health issue target area for lay health advisors to work in was cancer prevention and screening. Some of the other targets were prenatal health, cardiovascular disease prevention and HIV; 11 different targets were included. The number of trained lay health advisors in included studies ranged from two to 85. The length of training ranged from six to 160 hours. Training models included completing the entire training prior to beginning work, ongoing training, further skills development and booster sessions. Three-quarters of all studies included only female lay health advisors. In all studies the lay health advisors matched the community population for country of origin and current geographic location. The outcomes reported were often centred around a change in knowledge/behaviours or use of relevant health interventions.

The authors stated neither how the papers were selected for the review nor how many reviewers performed the selection.

Assessment of study quality  
The authors did not state that they assessed validity.

Data extraction  
Data were extracted independently by three reviewers using a standardised extraction form.

Methods of synthesis  
The studies were combined in a narrative synthesis. Study details were presented in both text and a table.

Results of the review  
Thirty-seven studies were included in the review. The number of participants totalled over 15,000. Study designs included randomised studies with pre- and post-test comparison and quasi-experimental studies.

Statistically significant community outcomes were identified in 14 studies. The outcomes included: decreased energy, fat, and carbohydrate intake; increased use of cancer screening; smoking cessation; increased initiation and number of prenatal care visits; increased referral and enrollment of Hispanics/Latinos; increased behaviours promoting cardiovascular health; reduced perceived barriers to health care; decreased drop-out in diabetes prevention intervention; increased family support and self-care for diabetics; increased condom use; increased HIV knowledge and perceptions.
about sexual risk; and increased use of protective eye wear among farm workers.

Using qualitative analyses, potentially positive effects were identified in promoting prenatal visits, clinic appointment attendance and easier labours. Further results were reported. Descriptions of lay health advisor interventions were reported.

Authors' conclusions
Few rigorous studies had been published that document the effectiveness of lay health advisors on a variety of public health issues; a stronger empirical evidence base was clearly needed.

CRD commentary
This review addressed a clear question, but the inclusion criteria were not clearly stated since no mention was made of the community populations or outcome measures. It had to be inferred that the criteria stated related to the lay health advisors, rather than to the communities. Although many electronic databases were searched, this was done only for studies published in English; when considering the subject area it is possible that a search for studies published in Spanish and Portuguese may have revealed other studies. No details were provided on the study selection process, although methods to minimise reviewer error and bias were used for data extraction. The authors highlighted the poor quality of included studies, but they did not formally assess study quality. The table of study characteristics was difficult to interpret. Individual sets of characteristics/results seemed to cover more than one study. This meant that although the narrative synthesis summary stated that statistically significant outcomes were identified in 14 studies, a subsequent list referenced 26 studies, which made interpretation difficult (a brief mention of some studies possibly having multiple articles published seemed the most likely explanation). Overall, this was not a very well conducted review. However, because the studies available appeared to be of questionable quality, the authors' circumspect conclusions recommending further research are nevertheless quite likely to be reliable.

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

Research: The authors stated that rigorous studies should be initiated to test the effectiveness of lay health advisors in a variety of public health concerns. More research was needed to explore how female and male lay health advisors interacted with, and affect the health of, community members of the opposite gender. Future studies should also contain more study details and apply statistical methods that addressed the inherent relationships that exist among community members. Research was needed to move from the theoretical to the actions and potential impacts that lay health advisors made. Research also should explore the relative cost-effectiveness of lay health advisors interventions.

Funding
Association for Prevention Teaching and Research.

Bibliographic details

PubMedID
17950408

DOI
10.1016/j.amepre.2007.07.023

Original Paper URL
http://www.ajpm-online.net/article/S0749-3797(07)00466-7/abstract

Indexing Status
Subject indexing assigned by NLM
MeSH
Community Health Services /manpower; Community Health Workers /education /utilization; Female; Health Promotion /manpower; Hispanic Americans /education; Humans; Male; Public Health; United States

AccessionNumber
12008005198

Date bibliographic record published
30/09/2008

Date abstract record published
12/08/2009

Record Status
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.