

Abstracts, Symposiums

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Promoting Health Literacy through Community Based Peer Support: A Participatory Realist Review.

Chair:

Liz Croot

Sheffield University symposium

Our study asks: (1) Which approaches to community engagement are most effective in promoting peer support, to whom and under what circumstances? and (2) How does community-based peer support impact on understanding of existing health information and use of health information and health services to improve health and reduce health inequalities? We carried out a participatory realist review which synthesized quantitative and qualitative published evidence with unpublished expertise from practitioners on culturally supported approaches to promoting health literacy. Findings from this review were used to co-produce a model of how community engagement and peer support promote health literacy. In this symposium we present three stages of the study; methods used in the synthesis of quantitative and qualitative evidence to evaluate models of peer support to improve health literacy; the work with a network of peer support practitioners to gather information about culturally supported mechanisms and the identification of programme theory and development of a model.



Session One:

Promoting Health Literacy through Community Based Peer Support: integrating qualitative and quantitative research in evidence synthesis.

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Evidence based practice relies on robust methods of integrating research evidence. Traditional methods which rely on synthesis of trial data have limited ability to explain why or how an intervention exerts an effect. Recent years have witnessed sustained growth in methods to synthesise qualitative data, seeking to address this gap in understanding. However, exploring complete understanding of intervention effectiveness requires an approach that allows the synthesis of both quantitative and qualitative data. Methods of integration are in their infancy. Some methods, such as those pioneered by Harden and Thomas (2005), bring the results of a synthesis of qualitative and quantitative data together in the final stages of the review process. The qualitative data is used to explain the findings of the quantitative data. However, such approaches may not optimise the use of qualitative findings to inform the quantitative analysis. They may also inaccurately assume that findings from one setting can be transferred to another. We shall present existing models of integration, their strengths and weaknesses, and use a worked example to describe an innovative method used in the synthesis of quantitative and qualitative research to evaluate models of peer support to improve health literacy. The methods adopted in the worked example allowed us to integrate qualitative data in a way that informed subsequent data selection and analyses. Advantages and disadvantages of these methods will be presented.



Session Two:

Promoting Health Literacy through Community Based Peer Support: a participatory approach to a realist review.

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Health literacy is the ability to access and use information and services to maintain or improve health. Health literacy initiatives occur in community contexts, and the way that people make use of these contexts and the social networks within them could be critical to the success of different initiatives. We explored the relationship between health literacy, community engagement and peer support (HL, CE and PS) using what we are calling a participatory realist review. The participatory review process aimed to compare published, empirically supported interventions with unpublished expertise on culturally supported approaches to promoting health literacy. We worked with a network of peer support practitioners to gather information about culturally supported mechanisms for developing health literacy, and to discuss the validity and applicability of published research. We used this information to co-construct programme theory to

inform the development of a model of which HL initiatives work, for whom and in what circumstances. This presentation will focus on the innovative methods used to integrate diverse perspectives into a synthesis of published research evidence. We will report on some of the challenges arising from trying to synthesize this realist review of published evidence with community-based participatory research to co-construct a model of what works for whom, under which circumstances and why. We will reflect on the added value of integrating emic community-based knowledge perspectives into evidence synthesis.



Session Three:

Promoting Health Literacy through Community Based Peer Support: what works for whom under which circumstances and why?

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Published health literature contains several models and theories for peer support although detailed information about the mechanisms by which these take effect is lacking. Typically such models focus on a single role to be adopted by the one offering the peer support; e.g. the advocate, the mentor, the opinion leader, the buddy, the facilitator, the gatekeeper etcetera. As a consequence our understanding of what works is frequently under conceptualised and uni-dimensional. To address this knowledge gap we followed realist principles to extract information on context, mechanism and outcome (CMOs) to develop propositions for how peer support works to promote health literacy. Our interest was to compare empirically supported models with culturally supported models. Definitions for effective engagement and the key mechanisms which promote peer support and health literacy were simultaneously obtained from participants. Findings from the literature and participant data were used to generate separate candidate theories. These theories informed the development of a model for what worked based on data co-constructed with peer support practitioners, community development workers and expert patients. Theories from the literature were reviewed and compared to the culturally supported model to produce a final integrated working model providing a more holistic understanding of the complex relationship between community engagement, peer support and improved basic, functional and critical health literacy.