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Title **An Evidence Synthesis of Qualitative and Quantitative Research on Component Intervention Techniques, Effectiveness, Cost-Effectiveness, Equity and Acceptability of Different Versions of Health-Related Lifestyle Advisor Role in Improving Health**

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Aim

To identify the component intervention techniques of health-related lifestyle advisors (HRLAs) in the UK and similar contexts, and the outcomes of HRLA interventions.

Conclusions and results

Although 269 studies were identified, 243 were excluded. The 26 included studies addressed chronic care, mental health, breastfeeding, smoking, diet and physical activity, screening, and human immunodeficiency virus (HIV) infection prevention. Overall, the evidence was insufficient to either support or refute the use of HRLAs to promote health and improve quality of life (QoL). Cost effectiveness of the interventions is uncertain. Economic analysis showed that HRLA interventions were cost effective in chronic care and smoking cessation, inconclusive for breastfeeding and mental health, and not cost effective for screening uptake and diet/physical activity. HRLA interventions for HIV prevention were cost effective, but not in a UK context. Evidence was variable, giving only limited support to HRLAs having a positive impact on health knowledge, behaviors, and outcomes. Levels of acceptability appeared to be high. HRLAs acted as translational agents, at times removing barriers to prescribed behavior or helping to create facilitative social environments. Reporting of processes to access or capitalize on indigenous knowledge was limited. Ambiguity was apparent with respect to the role and impact of lay and peer characteristics of the interventions. A future program of research on HRLA could benefit from further emphasis on identifying needs, broadening population focus and intervention aims, measuring outcomes, and reviewing evidence.

Recommendations

1) Interventions that are low cost and have some effect are recommended. 2) Further recognition of the Indigenous Knowledge (IK) base of the HRLA may be required. 3) Training of HRLAs may be worthy of particular attention, as provider and LA-identified learning needs must be balanced. 4) The process of message tailoring and the effectiveness of including different aspects of community allegiance and IK require further exploration. 5) Target groups, their characteristics, and particular needs must be more clearly defined. 6) Intervention approaches need to be more explicit. 7) Peership and layness need to be considered and defined for particular settings. 8) Short-, medium-, and long-term intervention outcomes need to be clearly identified and measured.

Methods

In preparing to synthesize the evidence, a process of problem definition and intervention modeling to facilitate classification of the various intervention dimensions was undertaken: eliciting stakeholder views, secondary analysis of the National Survey of Health Trainer Activity, and telephone survey of health trainer leads/coordinators. The electronic database search included the Applied Social Sciences Index and Abstracts (ASSIA), EMBASE, NHS Economic Evaluation Database (NHS EED), MEDLINE, and PsycINFO, relevant journals, and reference lists. Searches were conducted from inception to September 2008. (For details see Executive Summary link above in the project hyperlink.) Based on agreed criteria and procedures, studies were selected and data abstracted. Narrative, realist, and economic approaches were required to synthesis the data.

Further research/reviews required

To form a research program on HRLA around identifying needs, broadening the population focus and aims of intervention, measuring outcomes, and reviewing evidence.

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