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A Systematic Review Examining How Community Development Approaches in the Delivery of Healthcare to Vulnerable Individuals Within Society Breaks Down Barriers for Engagement Leading to Improved Health and Well-being Outcomes in the UK

Hopkins, Genevieve; Lynch, Mary; Mason, Elizabeth

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PROSPERO
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A systematic review examining how community development approaches in the delivery of healthcare to vulnerable individuals within society breaks down barriers for engagement leading to improved health and well-being outcomes in the UK

Genevieve Hopkins, Mary Lynch, Elizabeth Mason

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Review question

To determine how community development approaches in the delivery of healthcare to vulnerable individuals within society breaks down barriers for engagement leading to improved health and well-being outcomes in the UK: a systematic review protocol.

The question is designed to explore how community-based approaches can help improved health and well-being in vulnerable populations by breaking down barriers for engagement in services.
The aim of this review is to summarize the current evidence on the use of community development approaches to engage vulnerable individuals in the UK with health improving interventions and services.

Searches

The search strategy for this review has three stages:

Stage 1
Online databases will be search for key search words and MeSH terms in publication titles. Databases that will be searched are:
• PubMed Central
• Web of Science Core Collection
• Applied Social Science Index and Abstracts (ASSIA)
• CINAHL Plus with Full Text
• PsycINFO
• Social Science Premium Collection
• MEDLINE via OVID
• International HTA Database
• The Cochrane Library.

Stage 2
Hand searching of literature generated from reference lists of eligible studies

Stage 3
Searching of grey literature to ensure maximum coverage and limited bias of research and unpublished materials.

All relevant literature from the last 30 years will be considered.

Only UK studies will be considered as the review will inform applied practice in the UK.
Only studies in English will be considered as there are not sufficient resources for translation services.

Additional search strategy information can be found in the attached PDF document (link provided below).

Search strategy

https://www.crd.york.ac.uk/PROSPEROFILES/235664_STRATEGY_20210324.pdf

Types of study to be included

All types of study, both quantitative (e.g. RCTs, quasi-experimental and experimental design) and qualitative studies (e.g. case studies, observational studies) that have taken place in the UK, will be included to create a narrative synthesis. The rationale for this is to encompass the full body of research evidence available on community-based health and well-being initiatives that have been delivered in the UK. The findings from the systematic will assist in developing new community-based health and well-being initiatives aimed at meeting the needs of vulnerable individuals in the UK.

All relevant literature from the last 30 years will be considered.
Only UK studies will be considered as the review will inform applied practice in the UK.
Only studies in English will be considered as there are not sufficient resources for translation services.

Condition or domain being studied

Barriers to engagement in vulnerable populations can be fundamental in adversely affecting their health and well-being. Health and well-being initiatives driven by communities can promote uptake of services and community-based assets, and lead to better health and well-being outcomes.

Participants/population

Vulnerable, marginalised or stigmatized populations, the homeless or those at risk of homelessness in the UK.

Intervention(s), exposure(s)

Interventions can be health or well-being orientated, must take place, or be driven from within the community and take a community development approach.

Comparator(s)/control

No intervention, or non-community interventions such as institutional care, normal care, usual care, standard care, treatment as usual or inpatient care.

Context

Main outcome(s)

To find community-based interventions that improve health and/or well-being for vulnerable populations in a UK setting.

Measures of effect

Interventions and effectiveness of interventions.

Additional outcome(s)

To find community-based interventions that improve health and/or well-being for homeless groups.

Measures of effect

Interventions and effectiveness of interventions.

Data extraction (selection and coding) [1 change]

Following extraction using PICO terms (Population, Intervention, Comparison, Outcomes) into Mendeley, the titles of extracted articles will be matched against inclusion and exclusion criteria. Those that meet the criteria will have their abstracts matched against the criteria. Articles with abstracts matching the criteria will have their full articles retrieved. Articles that do not meet the inclusion criteria will be hand sifted for other relevant articles, and their title, abstracts and full texts compared against the inclusion and exclusion criteria. The number of articles that do not meet the inclusion criteria will be recorded in a PRISMA diagram, as will the reasons for their exclusion.

The titles, abstracts and full texts will be independently reviewed and compared by two different researchers (GH, ML). Where the researchers disagree whether to include or exclude articles, a third researcher (EM) will be asked to resolve these cases.

The data extracted from the selected articles will be recorded in an Excel table; the rows will represent the articles, and the columns will represent the data fields to be extracted. The data fields will form two main categories: those that provide descriptive data on the articles and those that speak to the validity of the data (see section on risk of bias). Categories providing descriptive data will include:
• Author(s)
• Title of article
• Data article published
• Publication
• Country
• Type of participants (age, sex, gender, ethnicity, rurality, socio-economic status, occupation, health status)
• Types of intervention
• Types of comparison
• Types of outcome measures
• Type of study (RCT, QCT etc)

Risk of bias (quality) assessment [1 change]

To assess bias, Cochrane risk of bias tools will be used; the RoB 2 tool for RCTs, & the ROBINS-I tool (for non-RCTs).

An overall bias result for each study will be created using the following criteria:

Confounding (non-RCTs): whether confounding variables could lead to important spurious associations, and if these were accounted for
Selection of participants (non-RCTs): whether participants' characteristics were observed before or after intervention
Classification of interventions (non-RCTs): whether intervention groups were clearly defined & recorded at the start of the intervention
Deviations from intended interventions (RCTs, non-RCTs): were there deviations from the intended interventions? Were the deviations balanced between groups & likely to have effect outcomes?
Missing data (RCTs, non-RCTs): evidence that missing data might have affected outcomes
Measurement of outcomes (RCTs, non-RCTs): was the method of measuring outcomes appropriate, appropriate for different groups, & did prior knowledge of the intervention received influence outcomes
Selection of the reported results (RCTs, non-RCTs): were the methods of analysis pre-determined before results were unblinded?
Randomising process (RCTs): was the allocation random & concealed until participants were enrolled?

Quality assessment will be independently conducted by two researchers (GH, ML). The researchers will discuss to obtain consensus. Where there is disagreement, a third researcher (EM) will resolve these cases.

Strategy for data synthesis [1 change]

A narrative synthesis of the findings will be presented from the included studies, structured around the types of population, intervention, outcome(s). This approach is likely to be most useful because of the range of methodologies that will be produced from the searches.

Preliminary searches have suggested around 2, 500 articles will be extracted, and the final analysis will use the information from around 10 to 15 studies that meet all the relevant inclusion and exclusion criteria, that adhere to the limitations of the bias measurement tools.

The review will use the PRISMA protocol (http://prisma-statement.org/documents/PRISMA-P-checklist.pdf). Data from selected studies will be extracted and organized into an Excel spreadsheet. Tables will be designed to hold the data cited in the 'Data Extraction' section of this document, along with the additional information needed to comply with the PRISMA protocol. The tables will facilitate comparisons of data to be made across the different articles.

It is anticipated that there will be limited scope for meta-analysis because of the range of different outcomes and methodologies that will be obtained from the searches. However, if results allow, a meta-analysis will be conducted for direct comparisons. For qualitative data, thematic analysis will be used to identify, analyse and report themes emerging from the data. For quantitative studies the aim is to convert results into a common rubric (odds ratios) to gain an idea of the range of effects that can be anticipated from interventions.

Data synthesis will be independently conducted by two different researchers (GH, ML). The researchers will then discuss to obtain consensus. Where the researchers disagree, a third researcher (EM) will be asked to resolve these cases.

Analysis of subgroups or subsets

None planned.

Contact details for further information

Genevieve Hopkins
gnh21snl@bangor.ac.uk

Organisational affiliation of the review

Bangor University
https://www.bangor.ac.uk/

Review team members and their organisational affiliations

Mrs Genevieve Hopkins. Bangor University
Dr Mary Lynch. Bangor University
Dr Elizabeth Mason. Bangor University

Type and method of review

Intervention, Narrative synthesis, Service delivery, Systematic review

Anticipated or actual start date

08 March 2021

Anticipated completion date

30 June 2021

Funding sources/sponsors

KESS2 PhD funding

Grant number(s)
State the funder, grant or award number and the date of award

European Social Fund, BUK2E039 1st Jan 2021

Conflicts of interest

Language

English

Country [1 change]

Wales

Stage of review

Review Ongoing

Subject index terms status

Subject indexing assigned by CRD

Subject index terms

Community Health Services; Delivery of Health Care; Healthcare Disparities; Health Status Disparities; Humans; Public Health; Social Planning; Social Support; United Kingdom

Date of registration in PROSPERO

19 April 2021

Date of first submission

24 March 2021

Stage of review at time of this submission

Stage	Started	Completed
Preliminary searches	Yes	No
Piloting of the study selection process	Yes	No
Formal screening of search results against eligibility criteria	Yes	No
Data extraction	No	No
Risk of bias (quality) assessment	No	No
Data analysis	No	No

The record owner confirms that the information they have supplied for this submission is accurate and complete and they understand that deliberate provision of inaccurate information or omission of data may be construed as scientific misconduct.

The record owner confirms that they will update the status of the review when it is completed and will add publication details in due course.

Versions

19 April 2021