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Review

Adult community health-promoting interventions in primary health care: A systematic review



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ABSTRACT

Objective. To examine evidence on the effectiveness of health-promoting community interventions carried out in primary health care.

Methods. Systematic review of originals and systematic reviews of health-promoting community interventions with the participation of primary health care. A working definition of community activities was used in the inclusion criteria. Databases searched up to 2013: PUBMED, EMBASE, CINHAL, Web of SCIENCE, IBECS, IME, and PSICODOC. No restrictions on year of publication or design. Articles were reviewed by separate researchers to identify risks of bias.

Results. Fifty-one articles published between 1966 and 2013 were included: 11 systematic reviews and 40 originals that described 39 community interventions.

There is evidence on the effectiveness of community interventions in reducing cardiovascular risk factors, encouraging physical exercise, preventing falls and improving self-care among chronic patients compared with usual individual care. The effectiveness of some interventions increases when the community is involved in their development. Most assessments show positive results despite design limitations.

Conclusions. The community approach may be more effective than the individual in usual preventive interventions in primary care. There is a lack of evidence on many community interventions in primary care and further research is needed.

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Introduction

The increase in life expectancy in all countries in the last century, together with the drop in nativity, has led to population ageing (Fernández-Ballesteros et al., 2013). This underlines the importance of active, healthy-ageing strategies whose lines of action necessarily involve providing people with tools to better manage their health, and thus to develop health-promoting interventions even though there are questions regarding the efficacy of these types of interventions (Renehan et al., 2012).

According to the Ottawa charter (WHO, 1986), health promotion consists of providing people with the means necessary to improve and exercise more effective control over their health. Its conception is linked to the idea of community action, as its focus is generally on the population and attempts to raise awareness and encourage community responsibility and involvement in their own activities. In turn, these ideas are closely linked to the origins and development of primary health care (PHC). This level of care is, in many countries like Spain, the foundation of the health system, mostly because of his role as a gate-keeper. It is ideally placed to develop health-promoting community interventions (Starfield et al., 2005) and is accessible to the majority of the population. It consists of multidisciplinary teams grouped in health centres located throughout the territory which, from a biopsychosocial perspective, allow comprehensive health care to the community.

Nevertheless, community interventions are underdeveloped in PHC and there are various reasons for this (March et al., 2014; Rubio-Valera et al., 2014; Guldan, 1996). There are barriers between professionals (doubts about effectiveness, self-efficacy to carry them out, low motivation, lack of training, etc.), community issues (resistance or reluctance among the population to take part in certain interventions, previous experiences of failure, cultural or linguistic barriers, etc.), institutional matters (biomedical model hegemony, guided incentives) and political aspects (political and economic context, health department priorities).

In recent decades, diverse initiatives have emerged to pool information on the effectiveness of health-promoting community interventions (Task Force on Community Preventive Services, National Institute for Health and Clinical Excellence, Regional Office for Europe's Health Evidence Network, The Community Tool box) although most of these are not particular to PHC and are specific to certain types of intervention.

The aim of this review is to describe the available evidence on the effectiveness of health-promoting community interventions carried out with the participation of PHC in the adult population to promote active healthy ageing. So, our purpose is to explore the research developed about this topic to detect difficulties, limitations and future lines of research in this field.

Methods

A systematic review of the literature was conducted according to guidelines described in the PRISMA declaration covering the publication of systematic reviews and meta-analyses (Urrutia and Bonfill, 2010).

Eligibility criteria

Originals and systematic reviews of evaluations (regardless of type of design) of health-promoting community interventions carried out in PHC which met the following criteria:

- Addressed to the general population or those over 40 years old.
- Focused on health promotion, that is, they attempt to provide people with the means necessary to improve and exercise more effective control over their health and illness processes.
- Participation of PHC professionals in intervention design, development, or recruitment/referral of patients and their assessment.
- Active community participation in the design, development and/or evaluation of the intervention, or acting as motivators/promoters. For this article we understand by community groups showing common characteristics, needs or interests.
- If participation is not active, they are included only if they formed part of an intersectoral action (collaboration between the health sector and others such as education, social services, and NGOs) or group health education that explicitly states that participatory methodologies are used.

Excluded were:

- Editorials, letters to the editor, descriptions of experiences without assessment results, or articles on theory.
- Interventions with an exclusively individual approach.
- No PHC participation.

Search strategies

Searches of electronic databases were carried out: PUBMED, EMBASE, CINHAL, Web of SCIENCE, IBECS, IME and PSICODOC. The following search terms were used as free text descriptors in the title, summary or keywords without time restrictions and up to December 2013 in the English, French and Spanish languages: ("Program Evaluation" OR "Outcome Assessment" AND "Primary Health Care" OR "Family Practice" OR "General Practitioners" OR "General Practice" AND "Health Promotion" OR "Health Education" OR "community" AND "Aged" OR "Adult"). The search was completed with a secondary review of the bibliographies of identified articles.

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