

University of Groningen

## Core health-components, contextual factors and program elements of community-based interventions in Southeast Asia

Landsman, Johanna; Reijneveld, Menno; Lensink, Robert; Pardoel, Zinzi; Widyaningsih, Vitri; Koot, Jaap; Fenenga, Christine; Postma, Maarten; Nguyen, Hoang; Stein, Claire

**IMPORTANT NOTE:** You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

### *Document Version*

Final author's version (accepted by publisher, after peer review)

*Publication date:*  
2020

[Link to publication in University of Groningen/UMCG research database](#)

### *Citation for published version (APA):*

Landsman, J., Reijneveld, M., Lensink, R., Pardoel, Z., Widyaningsih, V., Koot, J., Fenenga, C., Postma, M., Nguyen, H., & Stein, C. (2020). *Core health-components, contextual factors and program elements of community-based interventions in Southeast Asia: A realist synthesis regarding hypertension and diabetes*. Poster session presented at GACD Annual Scientific Meeting ( ASM ) 10-13 november 2020 .

### **Copyright**

Other than for strictly personal use, it is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license (like Creative Commons).

The publication may also be distributed here under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license. More information can be found on the University of Groningen website: <https://www.rug.nl/library/open-access/self-archiving-pure/taverne-amendment>.

### **Take-down policy**

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

*Downloaded from the University of Groningen/UMCG research database (Pure): <http://www.rug.nl/research/portal>. For technical reasons the number of authors shown on this cover page is limited to 10 maximum.*

## Background

- In Southeast Asia (SEA), Non-communicable Diseases (NCDs) are the leading cause of death. Specifically, diabetes and hypertension have become a major public health issue.
- **Community-based interventions**, targeting various aims, including NCD prevention are common in SEA. Community-based interventions are implemented in a population, aimed at behavioural change in individuals with varying levels of risk.
- Evidence on the link between community-based interventions and health is scattered and overview lacks. In addition, little is known about contextual influences and program elements, for instance the synergy with health-facility-based NCD-interventions.

**Aims:**

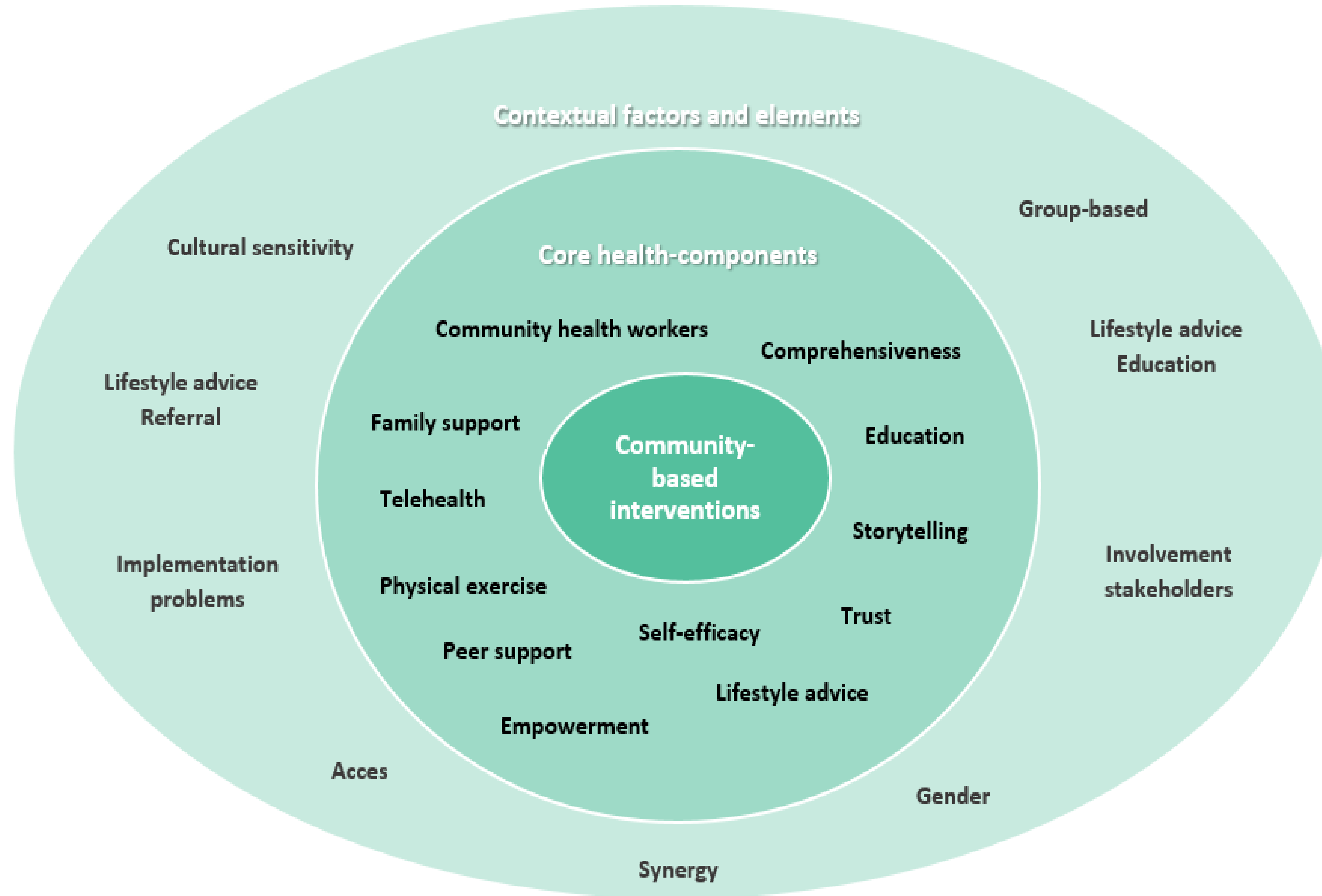
1. To assess the core health-components of community-based interventions;
2. Which contextual factors and program elements affect the impact of community-based interventions on health, in Southeast Asia.

## Methodology

- A **Realist review design**, i.e. a method of systematic reviewing of complex social interventions.
- Both scientific documents and grey literature, in both the English and local languages were included to review aspects and settings closer to the communities and their context.
- Combining empirical evidence with theoretical understanding results in explanatory analysis about what could work, for whom and in what circumstances.
- A total of 79 documents were included in the synthesis.

## Results

We found 12 core health-components of interventions and ten contextual factors and intervention elements. Figure 2 illustrates all core health components and contextual factors and elements.



## Conclusion & Key messages

Our review provides an overview of effective core health-components and contextual factors and program elements of community-based interventions, regarding diabetes and hypertension.

Effective interventions provide:

- **A comprehensive approach**, offering a combination of activities aiming at increasing knowledge, improving skills, and enhancing self-efficacy towards health behaviour.
- **Telehealth**, also in rural areas, to enable provision of reliable information, and also for more direct provider – user interaction when access to healthcare is limited.
- **Storytelling**, increasing health literacy in people with limited competencies. Storytelling can easily be adapted to the context, making it culturally sensitive.
- **Conducive environment**, in terms of optimal implementation with for instance sufficient and adequately trained staff and ideal infrastructure and equipment. Effective interventions are custom-made, fitting in local cultural and social context.

By using a realist methodology, this review contributes to an in-depth understanding of what components and context elements community-based interventions need, to be as effective as possible.

## Acknowledgements

<sup>a</sup> University of Groningen, University Medical Center Groningen, Department of Health Sciences, The Netherlands, <sup>b</sup> University of Groningen, Faculty of Economics and Business, The Netherlands, <sup>c</sup> Universitas Sebelas Maret, Department of Public Health, Faculty of Medicine, Indonesia, <sup>d</sup> HelpAge International, Myanmar, <sup>e</sup> Health Strategy and Policy Institute, Vietnam, <sup>f</sup> Universitas Airlangga, Faculty of Medicine, Department of Pharmacology and Therapy, Indonesia, <sup>g</sup> Universitas Padjadjaran, Center of Excellence in Higher Education for Pharmaceutical Care Innovation, Indonesia