

How can lay health advisor programs be designed for maximum impact?

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Lay health advisors who share similar social, economic, cultural and linguistic backgrounds and values with the medically underserved groups they interact with have been shown to reduce health disparities. Looking to identify elements that can help make these advisors and the programs they support as effective as possible, researchers from Roswell Park Cancer Institute (RPCI) and Columbia University's Mailman School of Public Health found that support from the sponsoring organization and clear role expectations are critical for the success of these lay advisors. The study is one of the largest to date involving African-American lay health advisors. The findings have been published in the journal *Implementation Science*.

Lay health advisors are trained peers or community members who deliver health education and support in a range of community and clinical settings to enhance access to care and improve health outcomes. The research team gathered data from 76 lay health advisors participating at eight National Witness Project sites in the Northeast, South and Midwest regions of the U.S. over an interval of 18 to 24 months. The Witness Project is an evidence-based program that has been shown to increase breast and cervical screening among African-American women.

"We investigated individual, social and organizational factors that predict activity level and retention among a community-based sample of African-American lay health advisors," says Deborah Erwin, PhD, senior author of the study and director of the Office of Cancer Health

Disparities Research at Roswell Park. "Our findings will inform strategies to successfully recruit, train, support and sustain lay advisors in a community setting, toward the goal of improving both the sustainability and the effectiveness of these programs."

The team collected information through telephone questionnaires administered to lay advisors and from National Witness Project assessments of the lay advisors' level of engagement with their programs.

The researchers report that lay advisors were involved in the program for an average of 5.5 years; more than half were breast or cervical cancer survivors; and 92 percent were not paid for their work as advisors. Lay health advisors who reported a greater commitment and understanding of their role were more than five times as likely to stay with the program, and women who were in the program longer were less likely than newer recruits to stay with the program. Assignment at a National Witness Project site that had a partnership with an academic institution—which was true for 71 percent of the program sites—was the strongest and most consistent predictor of both retention and activity levels among lay health advisors.

"A notable finding from this study is that role-related and organizational factors were consistently associated with higher retention and greater activity levels among lay advisors," adds the first author of the study, Rachel Shelton, ScD, MPH, assistant professor of Sociomedical Sciences at Columbia University's Mailman School of Public Health. "Given that many of the lay health advisors were volunteers who were not paid for their participation, the rates of retention and [activity levels](#) are impressive and indicate a strong commitment to the program."

The researchers note that because lay advisors are increasingly being enlisted in efforts to improve health and address [health disparities](#), further research on program implementation and sustainability is critical

in order to maximize their reach and impact.

The study, "Predictors of activity level and retention among African American lay health advisors (LHAs) from The National Witness Project: Implications for the implementation and sustainability of community-based LHA programs from a longitudinal study," is available at implementationscience.biomedcentral.com

Provided by Columbia University's Mailman School of Public Health

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