PEER+
Community of Practice for
peer-based health promotion

○ CERIPH

Curtin University

Scoping Review Results Summary

BACKGROUND

Peer-based health promotion (PBHP) has gained recognition for its ability to engage populations who are often excluded or underserved by traditional healthcare. Peer-based approaches capitalise on shared experiences to foster social connection to promote health and wellbeing and create social change [1-3]. Despite documented strengths, gaps exist in the evidence-base regarding PBHP approaches and guiding frameworks [2, 4, 5]. The implications of these gaps are significant, particularly to program sustainability and impact. Without a robust evidence-base, peer-based programs risk overburdening the peer workforce, and may experience challenges securing program funding and support, and premature program cessation despite initial promise [6-9]. To support a better understanding of effective and sustainable evidence-based PBHP programs, this scoping review aimed to explore existing frameworks and their key components, particularly in relation to their application in PBHP for underserved communities, in the last 10-years.

METHODS

This scoping review followed Arksey and O'Malley's [10] methodological framework for scoping reviews and was reported according to PRISMAScR guidelines [11]. Articles were searched on PubMed, Web of Science, ProQuest, and Google Scholar using keywords related to peer-based approaches, health promotion, and frameworks/tools. Included articles were published in English between January 2014 and October 2024 and described PBHP programs or interventions that provided guidance on at least one aspect of program planning, implementation, or evaluation.

The following research questions were developed:
1. What frameworks, models, and tools are used for the planning, implementation, and evaluation of peer-based health promotion programs?
2. What are the key components, strengths, and limitations of existing frameworks?

RESULTS

64 articles included in final review

37.5% of articles — Young people most commonly reported target population

22% of articles — Mental health most reported health focus

Total publications by year
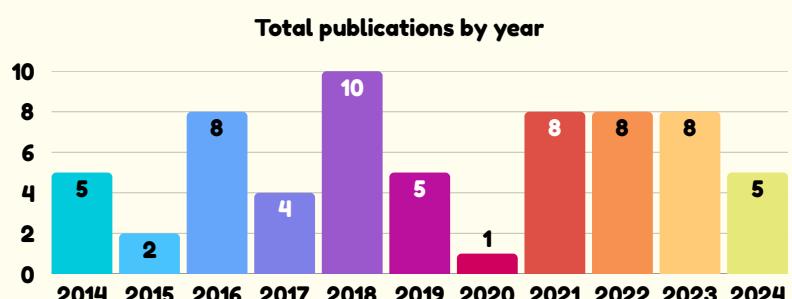

Terminology and Health Promotion Strategies

26 articles defined peer roles

With a common emphasis on shared characteristics or experiences

51 articles utilised behavioural strategies

11 articles utilised socioecological strategies

34 articles targeted groups

Geographic distribution of included articles

Framework Development and Use
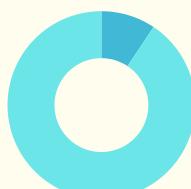
6 articles reported developing conceptual model or framework
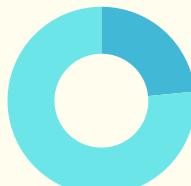
15 articles reported using named frameworks
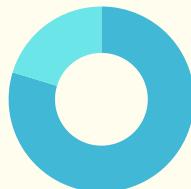
51 articles incorporated behavioural theories

Incorporation of Systematic Program Planning, Implementation and Evaluation Elements

Planning 4

Implementation 6

Evaluation 18
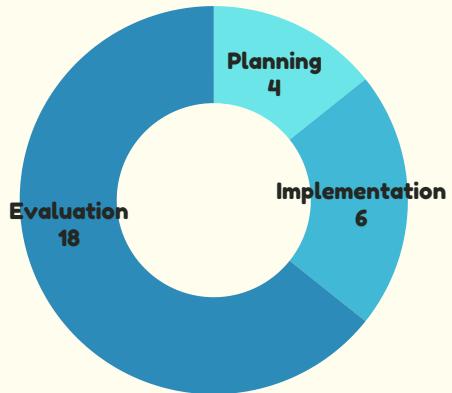
IMPLICATIONS FOR RESEARCH & PRACTICE

Concentration of articles published in the 'Global North' may undermine global representativeness of research findings, and may indicate varying levels of support for PBHP research in low-middle-income countries (LMIC) [12-14]. Strengthening research capacity of LMIC will facilitate global representation, enabling comparison and culturally responsive PBHP action [15, 16].

The predominant focus on young people aligns with broader literature which identifies the importance of peer influence and social connections in adolescence and early adulthood [17, 18]. However, the lower proportion of articles focusing on other underserved populations, such as LGBTQIA+ communities or people from culturally and linguistically diverse backgrounds, may reflect commonly held perceptions of these as "hard to reach" [1, 19] and represents missed opportunities to determine impacts of PBHP programs for these groups.

Inconsistencies in the terminology and definitions used to describe peer approaches may reinforce existing challenges highlighted in the literature relating to data deficits [1, 7, 20] and creates tensions around the role and value of peers [1, 7, 20-22]. Researchers and PBHP organisations need to be more explicit in their conceptualisation of peers and peer roles to avoid creating further ambiguity within the evidence [7].

The limited development and use of frameworks in this review highlights a challenge relating to the operationalisation of evidence-informed approaches to PBHP programs [20].

Similarly, the limited use of systematic planning and implementation elements may reflect implementation challenges or the need for additional competency development in these areas [23, 24]. Future programs should more explicitly report on the local context in which program implementation occurs [24-26].

CONCLUSION

This review found that current practices in PBHP are incongruent with health promotion best-practice, revealing significant gaps in consistent terminology, systematic planning and implementation, and comprehensive evaluation. The findings highlight the need for enhanced reporting standards, clarity in peer role definitions, strengthened research-practice collaborations, and development of peer-specific frameworks that capture the unique mechanisms of peer-based programs throughout the entire program cycle.

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