# **BMJ Open** Intersectoral health interventions to improve the well-being of people living with type 2 diabetes: a scoping review protocol

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#### ABSTRACT

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# INTRODUCTION

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Dr Géraldine Layani; geraldine.layani@umontreal.ca Introduction Intersectoral collaboration is a collaborative approach between the health sectors and other sectors to address the interdependent nature of the social determinants of health associated with chronic diseases such as diabetes. This scoping review aims to identify intersectoral health interventions implemented in primary care and community settings to improve the well-being and health of people living with type 2 diabetes. Methods and analysis This protocol is developed by

the Arksey and O'Malley (2005) framework for scoping reviews and the Levac et al methodological enhancement. MEDLINE, Embase, CINAHL, grey literature and the reference list of key studies will be searched to identify any study, published between 2000 and 2023, related to the concepts of intersectorality, diabetes and primary/ community care. Two reviewers will independently screen all titles/abstracts, full-text studies and grey literature for inclusion and extract data. Eligible interventions will be classified by sector of action proposed by the Social Determinants of Health Map and the conceptual framework for people-centred and integrated health services and further sorted according to the actors involved. This work started in September 2023 and will take approximately 10 months to be completed. Ethics and dissemination This review does not require ethical approval. The results will be disseminated through a peer-reviewed publication and presentations to stakeholders.

# Diabetes is a major public health challenge of the 21st century.<sup>1</sup> The important impact of diabetes on physical and mental health, life expectancy and the economy of our healthcare systems is well established.<sup>2–5</sup> It is one of the most common and growing chronic diseases, affecting 536 million people in 2021.<sup>6</sup> This trend is on the rise, and it is estimated that 642 million

people will suffer from this disease by

# STRENGTHS AND LIMITATIONS OF THIS STUDY

- $\Rightarrow$  The study followed established and systematic methods for conducting scoping reviews.
- $\Rightarrow$  A multidisciplinary stakeholder group including clinicians, managers and patient partners will be consulted throughout the scoping review process.
- $\Rightarrow$  There will be no formal assessment of included studies quality.
- $\Rightarrow$  Although there was a comprehensive search strategy, the variety of terms used to define intersectoral collaboration may limit the assessment of other relevant studies.
- $\Rightarrow$  The search strategy involves three electronic databases containing peer-reviewed literature, and a diverse range of grey literature sources, including government and organisational websites.

data mining, Al train 2030.6 Despite evidence of the effectiveness of the chronic care model for monitoring diabetes,<sup>78</sup> current interventions for **G** diabetes care often have a limited effect a on prevention of complications. They are also not tailored to the recognition of the individual's needs and the complexity of living with a chronic disease throughout life.<sup>9</sup> Much remains to be done to improve the quality of care offered to people living with diabetes, including providing care in line with evidence-based guidelines, expanding the role of care teams to implement more intensive diabetes complication management strategies,<sup>10–12</sup> facilitating patient's self-management and rethinking care in partnership with the community and centred on the individual.<sup>13-16</sup> To date, healthcare interventions for people living with diabetes do not integrate these approaches to promote holistic healthcare

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and to improve the support of people living with diabetes throughout their life course.<sup>17</sup>

The social determinants of health (SDH) also contribute to healthcare and have been increasingly recognised as essential factors to improve health outcomes for people living with diabetes.<sup>17</sup> <sup>19</sup> Poor diabetes control is strongly associated with SDH such as physical inactivity, unhealthy diet, insufficient health education and financial hardships.<sup>20–22</sup> These determinants have a major influence on an individual's health status and can represent a lifelong risk.<sup>23</sup> As SDH are often beyond the control of individuals and healthcare professionals,<sup>24</sup> it is essential to consider patients' journeys within and outside the health and social services network, to adequately support them during their life course and better meet their needs.<sup>25</sup> The most important SDH lie outside the healthcare system,<sup>26</sup> thus diabetes management requires the involvement and collaboration of various healthcare professionals and partners from different sectors (education, community support, etc).<sup>27 28</sup> However, such collaborative work is currently underdeveloped, or even non-existent, in several areas and sectors.<sup>27 29</sup>

Collaborative interventions between all sectors support a holistic position to improve diabetes control.<sup>30</sup> As such, the WHO introduced the concept of intersectoral action for health in 1997 as 'a recognised relationship between part or parts of the health sector with parts of another sector which has been formed to take action on an issue to achieve health outcomes (or intermediate health outcomes) in a way that is more effective, efficient or sustainable than could be achieved by the health sector acting alone'.<sup>31</sup> Intersectoral actions acknowledge that the factors influencing the population's well-being fall within the purview of all sectors.<sup>32</sup> The Public Health Agency of Canada Framework (2022-2027) also argues that intersectoral collaboration with many actors from the public, private, non-governmental and health and social service sectors is a pillar of the response to target diabetes management and monitoring.<sup>33</sup> This collaborative approach allows for the development of comprehensive and integrated interventions that encompass the complexity of diabetes.34 35 Indeed, intersectoral collaboration intervenes in SDH to improve populational health, to reduce inequities and to ensure efficient uses of resources.<sup>36–38</sup>

The intersectoral collaboration approach has given rise to the development of several interventions, but it is still not well defined, established and implemented.<sup>39 40</sup> To the best of our knowledge, no previous literature review has addressed this subject. The aim of this study is thus to map the literature on intersectoral health interventions aimed at improving the well-being and health of people living with diabetes. The results of this literature review will provide an overview of interventions developed, implemented and/or evaluated and is the first step to support the co-construction of an intersectoral collaborative intervention that will improve connections between the community and the healthcare system and empower people living with diabetes.

#### **METHODS AND ANALYSIS**

A scoping review will be used to identify intersectoral health interventions and resources (stakeholders) for people living with diabetes through a content analysis of academic and grey literature and websites. This type of study describes the scope of available research literature on a given subject and is, therefore, adapted to our research objective.<sup>41 42</sup>

The methodology is based on the Arksey and O'Malley's (2005) framework for scoping reviews, and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) extension for Scoping Reviews.<sup>43 44</sup> The review will follow five steps: (1) identify the research question, (2) identify relevant studies, (3) select studies, (4) chart the data and (5) collate, summarise and report the results. The protocol is not registered with PROSPERO, as it currently does not accept scoping reviews. This work has been in progress since July 2023.

#### Identify the research question

The main research question for this scoping review was developed in consultation with the leaders of our research team composed of clinicians, researchers, managers, community organisers and a patient partner. They have expertise in literature reviews, operationalisation of care and service trajectories, in improving practices with and for Person living with diabetes (PLD), in patient-oriented research and knowledge in the community network, primary care and diabetology.

The review is centred on the following main question: **What are the intersectoral health interventions developed for people living with diabetes?** 

This main question leads to the following secondary questions:

- ▶ Which intersectoral health interventions (actions, programmes or tools) have been developed in the community and the primary care settings for people with diabetes?
- What are the characteristics of these interventions?

#### **Identify relevant studies**

The search strategy for this literature review was determined in collaboration with an experienced research librarian, using medical subject headings and keywords. **Ge** It was validated through input from the research team. The sensitivity of the search strategy was pretested with key sources that the strategy should identify and refined if needed. The different search terms cover the themes of intersectorality, diabetes and the primary/community care settings. The search strategy is shown in online supplemental appendix A. It will be adapted to each database and information source.

The following databases were chosen for the relevance of their content with the research questions: MEDLINE

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(PubMed), EMBASE and Cumulative Index to Nursing and Allied Health Literature (CINAHL). Grey literature will also be searched using Cochrane, Google Scholar, Trip Pro and Google to identify reports relevant to this review. The websites of local, regional and national organisations such as WHO, Health Canada as well as the experts of our research team will be consulted for additional relevant studies and reports. The authors of the studies and reports identified will be contacted if necessary to obtain missing information.

# Select studies

Following the search, the results will be recorded into EndNote, a bibliographic reference management software to remove duplicates, then exported to the Covidence software for screening.<sup>45</sup> The selection of eligible studies involves an initial screening of title and abstract, followed by a review of the full text of studies selected at the first screening stage. All studies will be reviewed independently by three reviewers (SMY, AT and MB) for inclusion, based on the inclusion/exclusion criteria. At all stages of the analysis, studies will be sorted as included or excluded. Any disagreement in the independent assessment of the two reviewers will be resolved through consensus with a third reviewer. Inter-rater reliability will be assessed on a sample of studies at both screening stages to calibrate and refine the process. Reasons for exclusion of studies during full-text review will be reported in the scoping review.<sup>46</sup> The same selection process will be used for both academic and grey literature. The full selection process will be presented in a PRISMA 2020 flow diagram.47

Inclusion criteria include the publication period extending from 2000 to 2023. The choice to focus on recent documentation is due to the various health reforms that took place during the 2000s. Literature will be considered if it is published in English or French language. Before beginning the selection process, the list of inclusion and exclusion criteria will be tested on a sample of 200 results (study abstracts) produced by the search strategy. This will verify that our selection criteria are robust and specific enough to capture relevant documentation.

The interventions selected must meet the criteria indicated in table 1.

# Chart the data

After selection, data will be extracted from documents meeting the inclusion criteria. Characteristics that will be extracted include source details and intervention characteristics such as level of action, target population, actors... A full list of characteristics is provided in table 2. The Template for Intervention Description and Replication checklist (name, why, what, who provided, how, where, when and how much, how well) is used as a guide in choosing the characteristics of the interventions to ensure that all relevant information will be extracted.<sup>48</sup> Data collection will be conducted  $\vec{\mathbf{Q}}$ by two reviewers independently extracting data from all included documents. Disagreements will be discussed among the research team. To ensure the accuracy of the process, the extraction form will be tested on a sample of 20 studies and revised if necessary. **Collate, summarise and report the results** A table summarising the interventions identified in

the review will be developed based on the SDH Map<sup>26</sup> and the conceptual framework for people-centred and integrated health services.49 The results will be organised in two stages. First, the interventions will be sorted by sector/system of action: health, education, territory development, employment and other

Table 1 Eligibility criteria		
	Inclusion	Exclusion
Population	General population (over 18 years) diagnosed with type 2 diabetes Any country	Children Subpopulation (veterans) Patient diagnosed with gestational or type 1 diabetes or pre- diabetes
Intervention	Collaboration between the health sector and other sectors Based in the community setting or primary care (eg, pharmacy, outpatient clinic in the community, academic centres) Focused on type 2 diabetes or diabetes complications	Absence of intersectoral collaboration Other setting (eg, acute care, paediatric care) Focused on other types of diabetes and/or other diseases
Comparison	Not applicable.	Not applicable.
Outcome	Aims to support and/or improve the health and well-being of PLD	Related to diagnosis, screening and prevention of type 2 diabetes
Study type	Reviews, commentaries, qualitative studies, quantitative studies, observational studies, cross-sectional studies, reports	Thesis, dissertations, conference abstracts, editorials, technical manuals and study protocols
PLD, People living with diabetes.		

Table 2 Data extraction form		
Characteristics	Details	
Source	Authors	
	Year of publication	
	Type of document	
	Country of publication	
	Aim of the study	
	Study design	
Definition	Definition of intersectoral collaboration	
Characteristics of the	Name	
intervention	Type of intervention	
	Sectors/setting involved (microsystem, mesosystem or macrosystem)	
	Target population	
	Geographical region	
	Aim of the intervention	
	Stage	
	Actors	
	Social determinants of health addressed	
	Tools and/or frameworks used	

systems. Then, they will be classified according to the various actors involved (ministries, community organisations, municipal sector, associations, etc). The final format of the table will depend on the gathered data. Another table will also be developed to show all the extracted results.

# PATIENT AND PUBLIC INVOLVEMENT

A patient partner (ML) is included in our team. He will be consulted at various stages of the review to inform the interpretation of results and knowledge dissemination strategy.

# DISCUSSION

This protocol details the research methodology used to perform our scoping review. It is based on recognised guides to ensure the robustness and transparency of the method used, which can serve as a support for replicating the search and analysis in future research. Continuous consultations with our multidisciplinary research team will take place from the writing of the protocol to the publication of the results, allowing validation of the different stages of the research. The aim of the first consultation was to collect feedback on the protocol, to validate the research question and the search strategy and to gather additional studies. The following consultations will be used to share and to discuss preliminary results from the scoping review data extraction. The final consultation will validate the summary of the results and the dissemination strategy.

The scoping review will present a summary and a categorisation of the intersectoral interventions destined for people living with diabetes that were developed in the

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community since the beginning of 2000. Those primary results will allow a global understanding of different actions taking place in various settings to improve the well-being of people living with diabetes.

Intersectoral collaboration is an approach employed by different countries to strengthen health systems, but there are differing contexts due to socioeconomic, political and health system realities. Some interventions may be feasible in some health systems and sectors but not necessarily feasible in others.<sup>49</sup> Thus, the context of each intervention will be detailed while doing the data extraction. Moreover, this summary will identify remaining gaps and g will provide a great overview of community interventions that can inform the conduct of future studies and help **Z** policy-makers in the development of future intersectoral interventions.<sup>50</sup>

rigl The information gathered by this scoping review will be used to develop an intersectoral collaborative intervention that will include two tools to support type 2 diabetes self-management and self-care: a visual information guide and a carnet de santé partenaire. It will be developed in a way to be adapted according to the particularities of the Canadian health system. These resources will promote uses related patients partaking in managing their care in collaboration with different actors from various sectors.

# **Dissemination and ethics**

This review does not require ethics approval since it texu involves reviewing and collecting data from published and/or publicly available studies. This review is expected to be completed by June 2024. The dissemination strategy includes a peer-review publication of the review results, as well as presentations to key stakeholders.

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MS contributed to developing the study methods. All authors approved the final manuscript

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