

Integrating Peers and Professionals into a Successful Program

Edwin B. Fisher, Ph.D.

Global Director, Peers for Progress

American Academy of Family Physicians Foundation

— 0 —

Professor, Gillings School of Global Public Health
University of North Carolina – Chapel Hill

International Diabetes Federation

Dubai – December, 2011

www.peersforprogress.org



Peers for Progress
Peer Support Around the World

A program of the American Academy of Family Physicians Foundation

Fundamental Role of Social Connectedness and Support

Role of attachment in child and adult development:

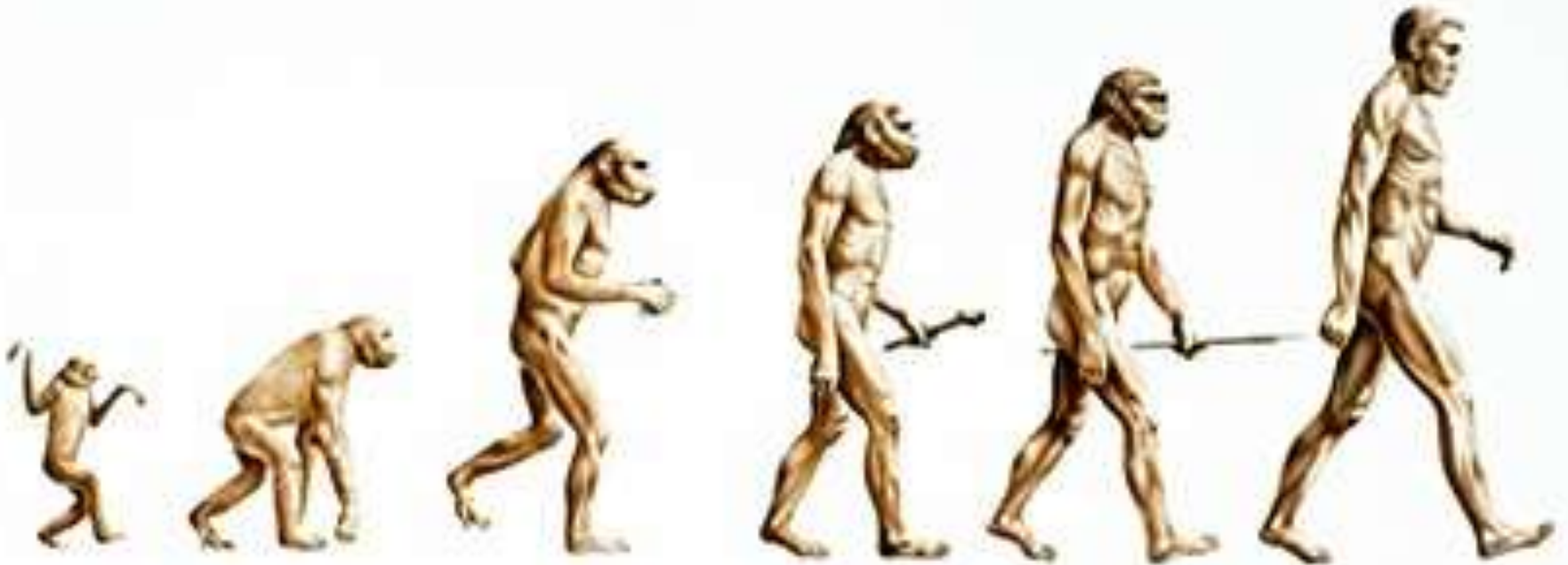
Human beings are more effective and happier when they have someone they can talk to about personal matters, who cares about them, and who is reliably available

The age adjusted relative risk ratios [for social isolation] are stronger than the relative risks for all cause mortality reported for cigarette smoking.

House, Landis & Umberson
Science, 1988 241: 543

Holt-Lunstad, Smith, & Layton
PLOSMedicine, 2010, 7: July e1000316
www.plosmedicine.org

Peer Support Begins??????????



Peer Support Begins!!!!!!!!!!!!!!!!!!!!!!



Importance of Ongoing Follow Up and Support

- Review of effects of self management on Glycosolated hemoglobin
(Norris et al., *Diabetes Care* 2002 25: 1159-1171.)
 - Only predictor of success: ***Length of time over which contact was maintained***

Not Just Diabetes – Weight Loss and Smoking Cessation

- Duration of intervention/contact in weight loss
(Wing and Hill *Ann Rev Nutr* 2001 21:323-41. Wing, Tate, et al. *NEJM* 2006 355:1563-71. Wadden et al. *Obesity* 2009 17: 713-722.)
- Meta-analysis of Smoking Cessation by Kottke
(*JAMA* 1988 259: 2882-2889)
“Success was ... the product of personalized smoking cessation advice and assistance, repeated in different forms by several sources over the longest feasible period.”

Diabetes Self Management Support

Diabetes Self Management **Education** “not sufficient for patients to **sustain** a lifetime of diabetes self-care”

Diabetes Self Management **Support** needed to “...assist the individual ... to **implement and sustain** the ongoing behaviors needed to manage their illness.”

Peer Supporters

- Personal, have time, often of individual's community
- Reinforce and trouble-shoot basic education
- Provide emotional support and encouragement to:
 - Encourage Healthy Coping
 - Maintain motivation
- Linkage to clinical and other resources
- Teach classes
- Organize for advocacy, community action

“Reciprocal Peer Support” for US Veterans with Diabetes

- Male patients with HbA1c > 7.5 over previous 6 months
- 1.5 hour session for goal-setting, communication skills, followed by assignment to dyads
- Weekly phone calls with IT platform that monitored call frequency and prompted calls
- Comparison to Nurse Case Manager
- HbA1c changes over 6 months: 8.02% to 7.73% versus 7.93% to 8.22% ($p = 0.004$)
- 6.6% initiated insulin in peer support vs 0.8%

Review of Peer Support

- 01/01/2000 - 12/31/2009 : “peer support,” “coach,” “*promotora*” etc.
- 47 separate studies met criteria of:
 - Provided by nonprofessional
 - Support for multiple health behaviors over time (i.e., not isolated or single behaviors)
 - Not peer implementation of class
- Preliminary outcomes:
 - Significant within- or between-group changes:
83% of all 47(39/47)
81% among the subset of 37 (30/37) papers reporting randomized trials

Peers for Progress

—○—

*American Academy of
Family Physicians Foundation*

—○—

*Program Development Center at the
University of North Carolina-Chapel Hill*

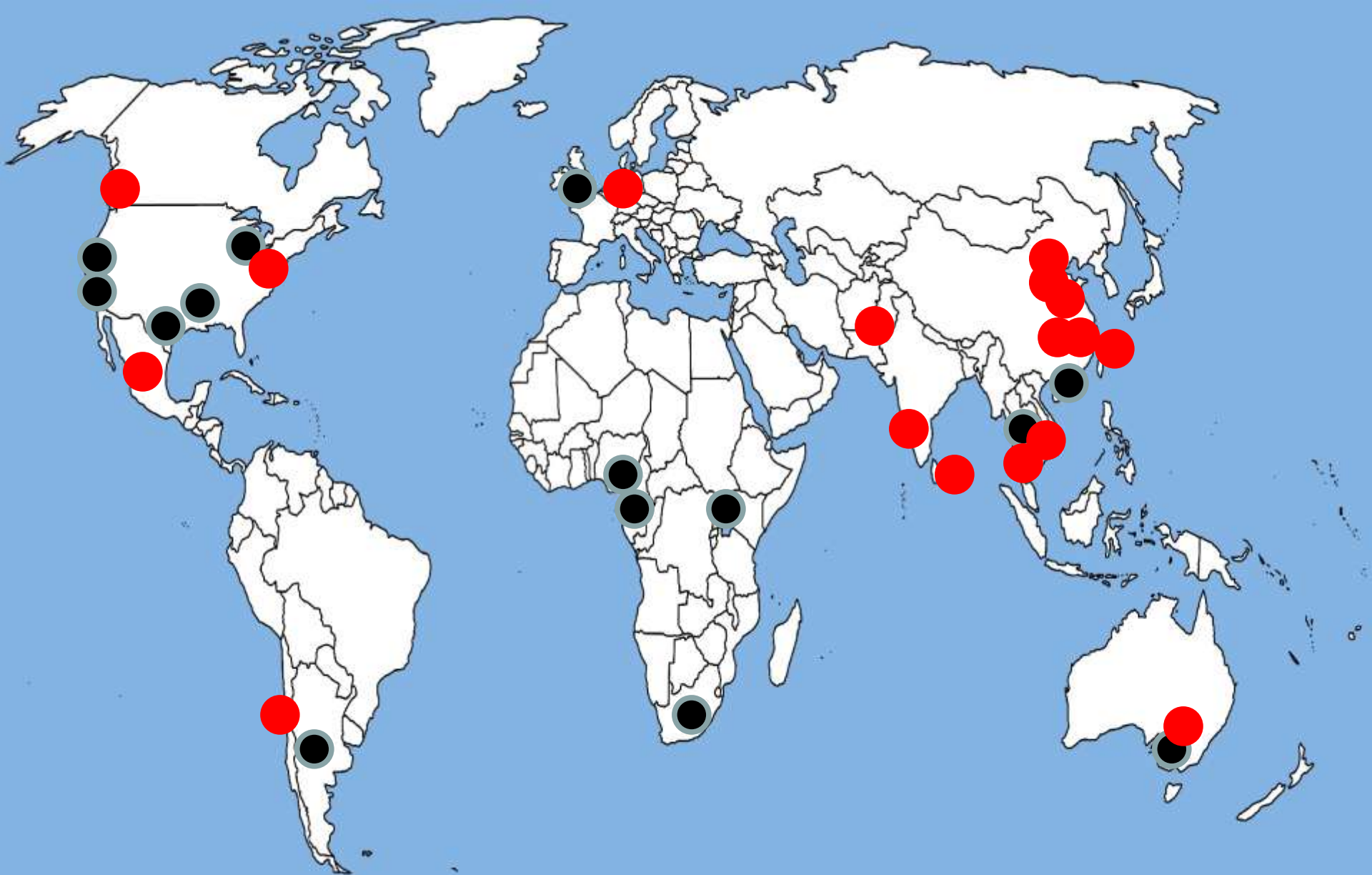
—○—

*funded by the Eli Lilly and Company Foundation, the
Bristol-Myers Squibb Foundation, and sanofi US*



Peers for Progress
Peer Support Around the World

A program of the American Academy of Family Physicians Foundation



Original 14 Grantees



Additional Collaborations

Major Activities of Peers for Progress:

1. Build **evidence base**
2. Facilitate **knowledge management and exchange** among peer support programs around the world
 - a) Reports, publications from programs
 - b) Program protocols and materials
 - c) Success stories
 - d) Web and social networking utilities
3. Facilitate national efforts to **institutionalize peer support** in prevention and health care systems

What Could Be More Culturally Contingent??

Diabetes

Diet and eating patterns

Fate, life, death

Family versus individual responsibility

Social Support

E.g., eye contact:

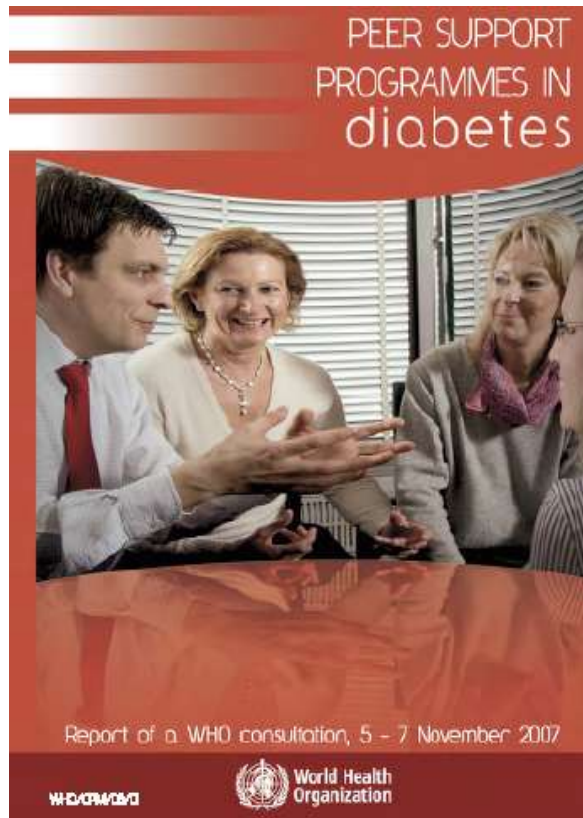
In Japan, looking in the eye is disrespectful

In Germany, *not* looking in the eye is disrespectful

Autonomy of individual versus responsibility of family, friends

Styles of support – effusive versus tacit

WHO Consultation, November, 2007



Australia	Mexico
Bangladesh	Netherlands
Bermuda	Pakistan
Brazil	Philippines
Cameroon	Saudi Arabia
Canada	Singapore
China	Switzerland (WHO)
Egypt	Turkey
Gambia	Ukraine
India	United Kingdom
Indonesia	United Republic of Tanzania
Jamaica	United States

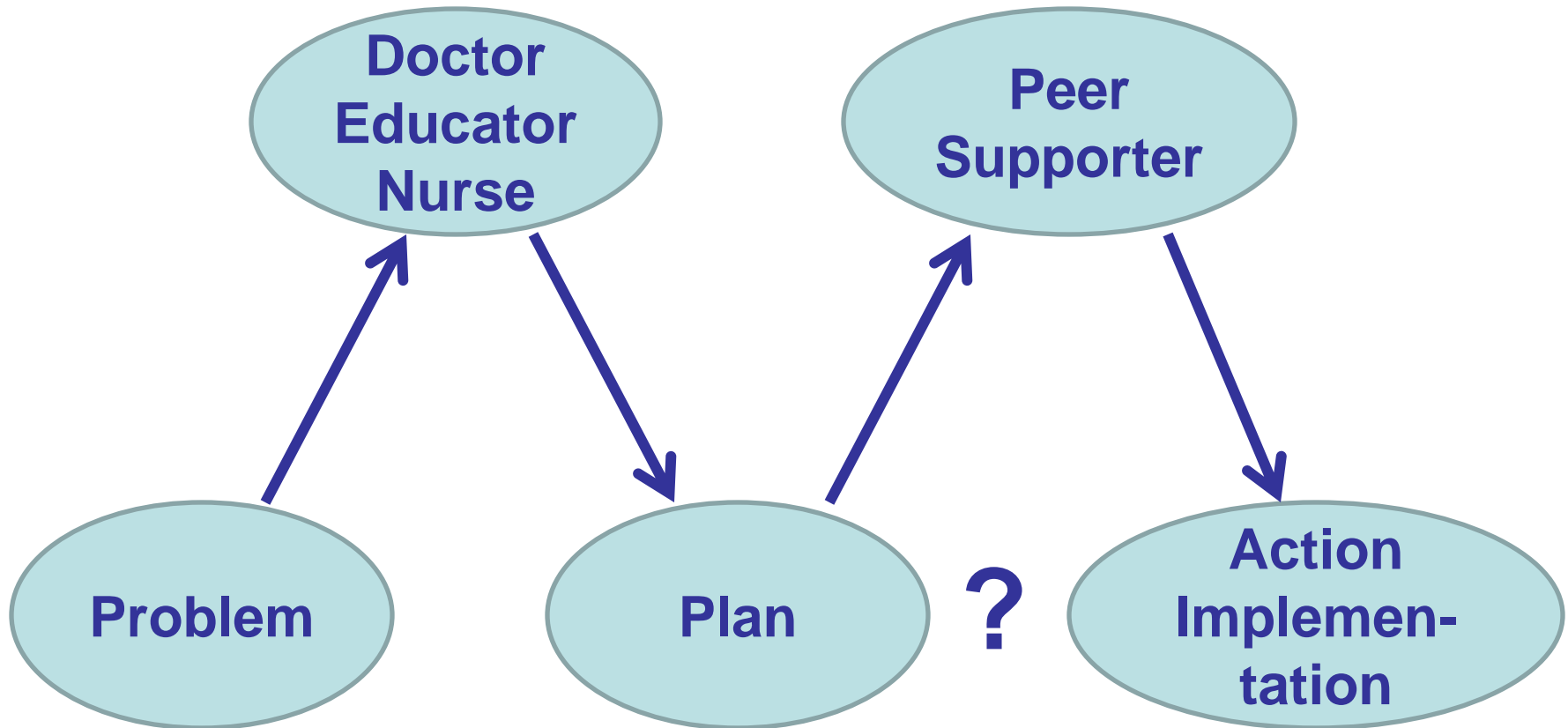
1. Key functions are global

2. How they are addressed needs to be worked out within each setting

Key Functions of Peer Support

1. Assistance, consultation in applying management plans in daily life

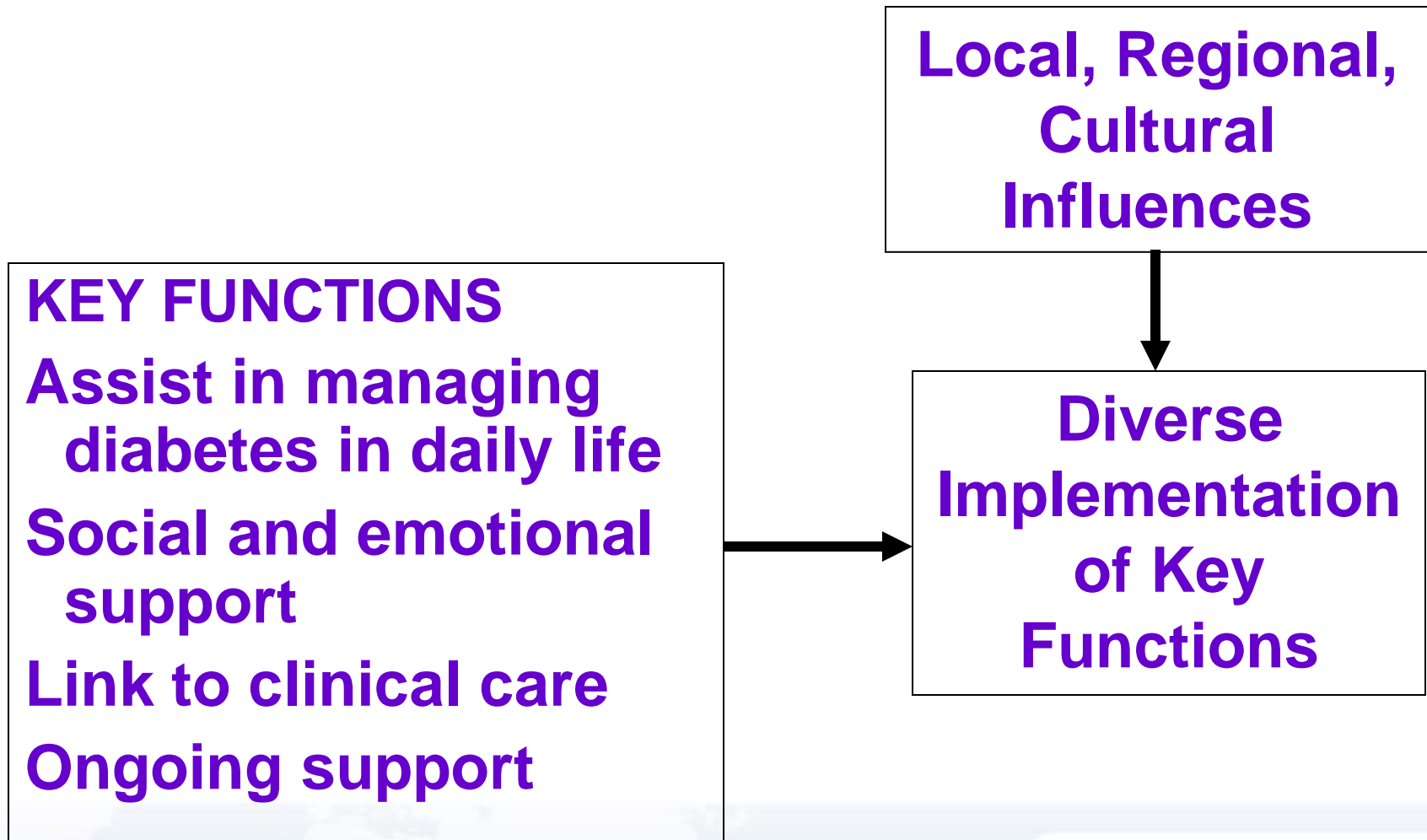
Assistance in applying management plan in daily life



Key Functions of Peer Support

1. Assistance, consultation in applying management plans in daily life
2. **Social and Emotional Support**
 - a) Encouragement of use of skills, problem solving
 - b) Personal relationships
 - c) Social networks and community resources
3. **Linkage to clinical care**
 - a) 2-way relationship between peer program and providers
 - b) Peers encourage use of clinical care
 - c) Advocacy for enhanced clinical care (and other community resources)
4. **Ongoing support, extended over time**
 - a) Proactive contact and ad lib access to peers
 - b) Negotiated plan for support
 - c) Variable frequency/intensity over time as needs of recipients change, evolve

Standardization & Local Tailoring



“Standardization by function, not content”

Hawe et al. British Medical Journal
328:1561-1563, 2004.

Aro et al. Eur J Public Health 18:548-
549, 2008

Jade and Pearl in Hong Kong

Juliana Chan and colleagues: Chinese University of Hong Kong, Asia Diabetes Foundation, Prince of Wales Hospital

Jade – coordination of clinical care with shared standardized electronic medical records

Pearl

**Individualized and group peer support, organized through nurses
Telephone follow up twice monthly for 1st three months, then as needed**

Telephone linked care (TLC) for instruction and prompting of key management behaviors (healthy diet, physical activity)

Dissemination:

Jade and Pearl to collaborators in China, others in Asia

Platinum – training of peer leaders

Building on Success in Australia

**Brian Oldenburg and colleagues
Monash University and Diabetes Australia–Vic**

**Diabetes–Vic has been running peer support programs
for over 20 years**

Expanded now to:

**Focus on improved daily management and linkage
to clinical care**

Individual contact

**Diabetes Australia – Vic positioned to instigate
national dissemination as results indicate**

Challenges of Community Outreach from Primary Care, Patient-Centered Medical Home

- Developing community partnerships and collaborations
- Time consuming nurturing of community relationships
- Imprecise reach of community outreach:
 - Community programs and activities on weight management
 - Attended by vegans who run marathons

Peer Support as Community Outreach Strategy

- Peer supporters recruited from communities intended to reach
 - Community ties then intrinsic to services
- Peer supporters can reliably reach those of greatest importance
 - e.g., 92% of low-income, single mothers from ethnic minorities with Asthma Coach
(Fisher et al. *Arch Ped & Adol Med* 2009 163: 225-232)

Test of Peer Support in Urban Private Practice

Half-time outreach worker from community coordinated most activities, including individual follow-up with patients

Increased rates of preventive care (e.g., mammography and childhood immunizations)

Increased percentage with glycated hemoglobin under 10% from 56% to 77%

Bayer & Fiscella Arch Fam Med 1999 8:546-549

Peer Support in Anhui Province

Xuefeng Zhong, Chinese CDC, Dissertation from Mahidol University, Bangkok

Older adults in well defined residential settings in small cities in Anhui Province

Group meetings led by peer supporters and health center staff

Addressed self management and support

Participant-participant support in shopping, exercise, fishing, etc.

Significant differences from controls on fasting glucose, 2 hr PPG, reported complications

Recruiting Peer Supporters

- Time available – availability to those served is key
- Like to talk to others, happy to find out about others' children, interests, etc.
- Broad minded, do not see diabetes or people's problems as simple, no easy answers
- Able to learn and teach basic diabetes management
- Will use back up support from professionals
- Motives may be mixed – both interest in being useful and engaged as well as desire to help the community

Training Peer Supporters

- Goal is to be able to help others implement their management plan
- Don't need skills of nurse or dietitian
- So, training is to knowledge of a patient who understands their diabetes well
- Teach skills for
 - Simple counseling (active listening, motivational interviewing)
 - Promoting behavior change

Management of Peer Support Program

- Clearly identified manager of program with time allocated for this responsibility
- Back up plan
 - Questions, issues peer supporter cannot answer/handle
 - Refer to nurse, primary care, specialist
 - **Prompt response** to patient's question
- Ongoing support for supporters
 - Weekly meeting
 - Share questions, problems, develop program improvements
 - Emotional support for difficulties encountered

Success Factors

- Keep it simple – Remember that peer support is meant to be from “people like me”
- Avoid too many details of training – Remember, key is knowing, listening, and ***being available***
- Key: ongoing support and information for peer supporters
- Back up system in place is critical

Human beings are happier **and more effective** when they have someone they can talk to about personal matters, who cares about them, and who is reliably available

So...

Peer supporters don't need to fix things or be experts, but just listen, know those they want to help, and be available

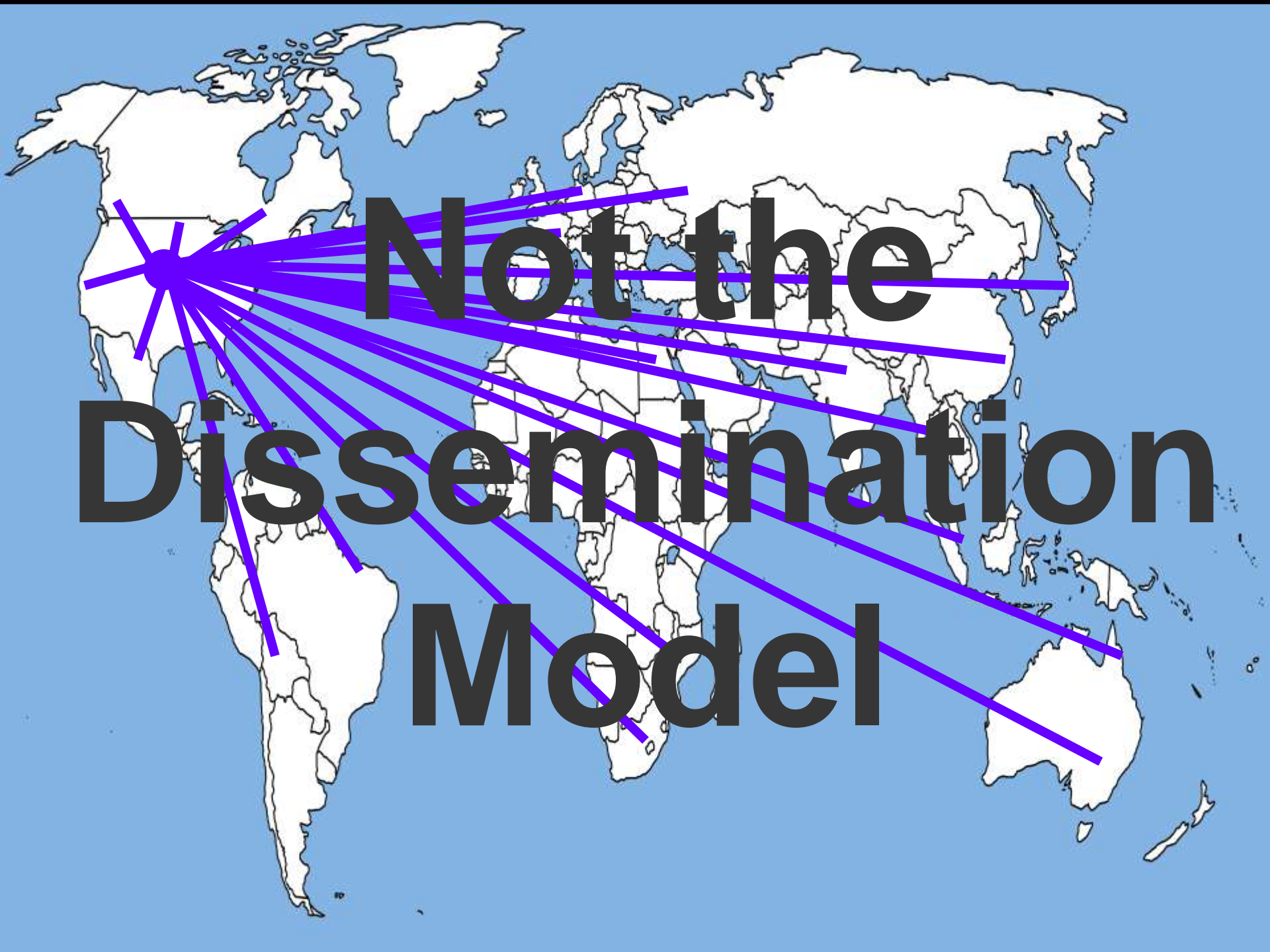
Key Challenge:

How to Promote Peer Support Around the World

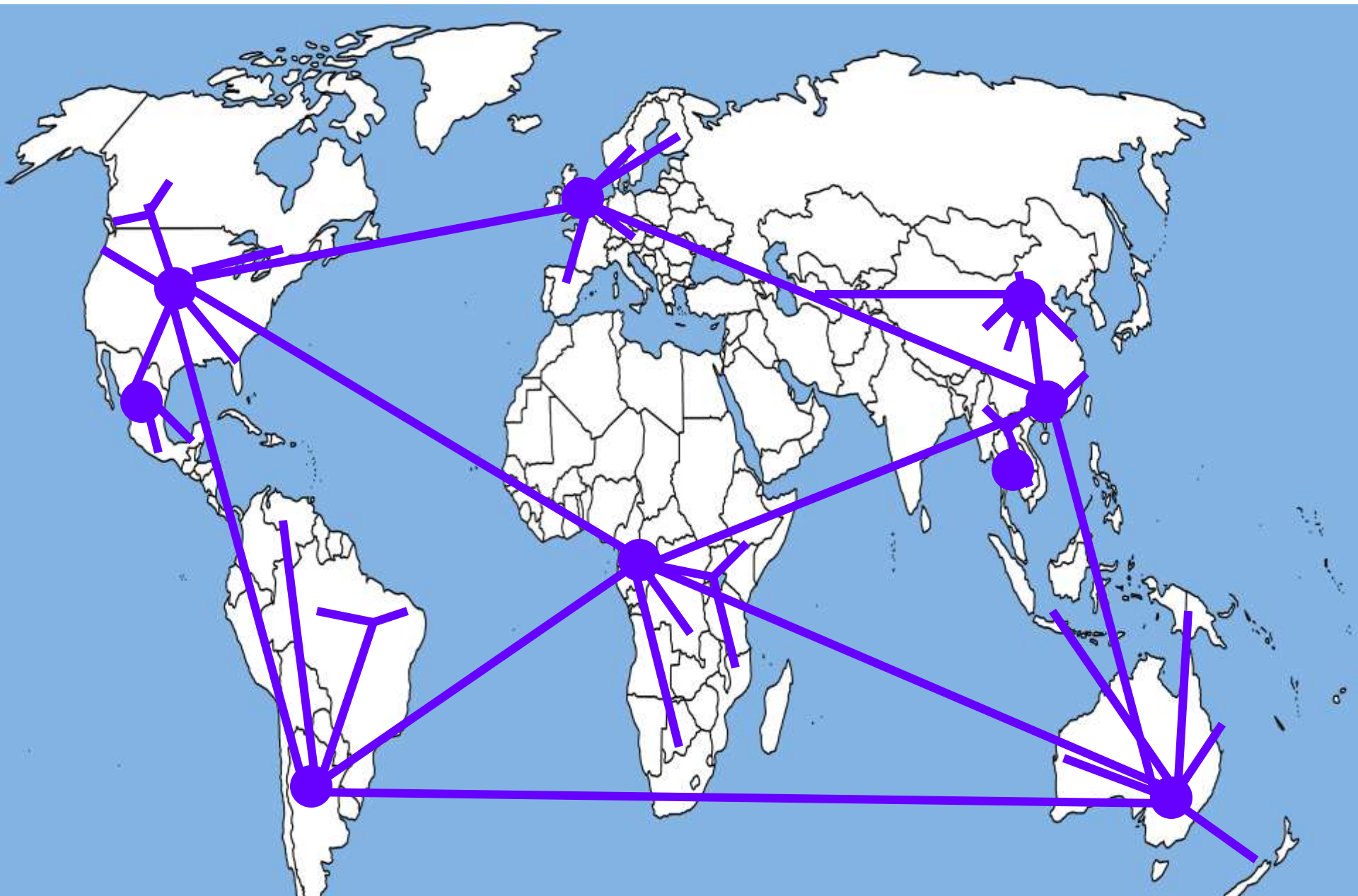


Peers for Progress
Peer Support Around the World

A program of the American Academy of Family Physicians Foundation

A world map with a light blue background and white landmasses. A purple starburst is located on the West Coast of the United States. Numerous purple lines radiate from this starburst to various locations across the globe, including Europe, Africa, Asia, and Australia. Overlaid on the map is the text "Not the Dissemination Model" in a large, bold, black sans-serif font, arranged in three lines.

**Not the
Dissemination
Model**



Networks & Network of Networks



Peer support around the world

People living with diabetes have a great deal to offer each other.

Diabetes encompasses all aspects of people's lives, often for decades. Support from peers can offer emotional, social, and practical assistance that helps people do the things they need to do to stay healthy. Peer support complements and enhances other health care services.

Peers for Progress addresses the global diabetes epidemic by:

- Extending the evidence base for peer support
- Establishing peer support as a core component of diabetes care
- Building a network of peer



Our Mission

To accelerate best practices in peer support around the world.



Peers for Progress

Peer Support Around the World

A program of the American Academy of Family Physicians Foundation

Peer Support in Health and Health Care

A Guide to Program Development and Management

<http://www.peersforprogress.org> / Implement / Start a Program

www.peersforprogress.org