Diabetes Self Management Education Evolution: Peer Support and the Peers for Progress Program

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Topics for Presentation

• Ongoing support for chronic disease management
• Role of peer support
• Peers for Progress – Global strategies and activities
• Resources
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**
Diabetes Self Management **Support** as well as Diabetes Self Management Education

- Diabetes Self Management Education “not sufficient for patients to sustain a lifetime of diabetes self-care”
- “Improvements in outcomes diminish after ~6 months”
- “Most patients need ongoing diabetes self-management support to … assist the individual … to **implement and sustain** the ongoing behaviors needed to manage their illness.”

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”

Peer Supporters as Sources of Self Management Support

• Live in the communities they serve
• Share perspectives, experience of those they help
• Are credible because they are “like me”
• Can review and reinforce basic self management plans (e.g., healthy diet, physical activity, adherence to medications)
• Have time
Peers for Progress

American Academy of Family Physicians Foundation

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

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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
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, \textit{not} looking in the eye is disrespectful
  Autonomy of individual versus responsibility of family, friends
  Styles of support – effusive versus tacit

www.peersforprogress.org
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

- Problem
- Plan
- Action Implementation

Doctor Educator Nurse

Peer Supporter

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Key Functions of Peer Support

1. Assistance, consultation in applying management plans in daily life
2. Social and Emotional Support
3. Linkage to clinical care
4. Ongoing support, extended over time

Global Standardization with Local Tailoring

KEY FUNCTIONS
- Assist in managing diabetes in daily life
- Social and emotional support
- Link to clinical care
- Ongoing support

Local, Regional, Cultural Influences

Diverse Implementation of Key Functions
Cameroon: Community-Based Peer Support

Jean Claude Mbanya and colleagues, Health of Population in Transition Research Group; Yaoundé, Cameroon

**Intervention:**
Peer supporters hold monthly group meetings to discuss a major diabetes self-care activity. Make at least 5 personal visits each month with their individual patients. Varied activities, e.g., group meals to demonstrate healthy diet, group exercise.

**Results:**
Significant differences from controls on weight loss, BMI, waist/hip circumference, percentage fat, fat mass, blood pressure, dietary behaviors, exercise, glucose levels, HbA1C (9.6% to 6.7%)
Uganda

Linda Baumann
Mulago Hospital with School of Nursing,
University of Wisconsin – Madison

Intervention:
Peer champions using cell phone and face-to-face visits in rural and urban settings
Community meetings to:
  - Recruit and train approx 30 peer champions
  - Match peer champions with partners
Contact at least weekly by loaned cell phones and face-to-face visits over 12 weeks

Results:
Beneficial changes in healthy eating, HbA1c
Increased contact with health care clinics among 71% of participants
Thailand

Boosaba Sanguanprasit, Chanuantong Tanasugarn, and colleagues, Faculty of Public Health, Mahidol University, Bangkok

Intervention:
Village Health Volunteers part of Thai health system since 1981
Integrate peer support for diabetes management into activities of Village Health Volunteers
Develop and demonstrate training and management procedures

Results:
Improvements in BMI, percent of participants with normal BMI, duration of exercise, eating behaviors, glycemic control, diabetes knowledge, perceived susceptibility to complications, perceived support, and perceived quality of life
Jade and Pearl in Hong Kong

Juliana Chan and colleagues, Chinese University of Hong Kong, Asia Diabetes Foundation

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

Pearl
- Individualized and group peer support
- 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)

Platinum – training of peer leaders
Peer Support in Anhui Province

Xuefeng Zhong and colleagues, CDC, Anhui Province

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

Peer led group meetings 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
Leticia Ibarra, Andrea Cherrington, John P. Elder, Lucy Horton, Humberto Parada and Guadalupe X. Ayala
Peers for Progress Evaluation Project, San Diego, California, USA
Need and Niche

Need:
Peer support is as old as humankind, but those who need it don’t always get the kind or the amount they need.

Niche:
Accelerate the availability of state-of-the-art in peer support to improve the health of people around the world.
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.
Peer support around the world

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Peers for Progress addresses the global diabetes epidemic by:
- Extending the evidence base for peer support
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www.peersforprogress.org
Peer Support in Health and Health Care

A Guide to Program Development and Management

http://www.peersforprogress.org / Implement / Start a Program
Other Resources

- All at peersforprogress.org
- Diabetes Initiative’s Healthy Coping in Diabetes
- Family Practice Special Issue
  http://fampra.oxfordjournals.org/content/27/suppl_1
- Consensus Measures
  http://www.peersforprogress.org/userfiles/documents/436E6FC96DC_EBA5424858F300816E2A0.pdf
- PfP Global Conference Meeting Report
  http://www.peersforprogress.org/userfiles/documents/436E6FC96DC_EBA5424858F300816E2A0.pdf
For More Information

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