Webinar will begin at 1 pm Eastern/ 10 am Pacific
Please Standby
“Whys and Hows” for Developing and Managing Peer Support Programs

Edwin B. Fisher*, PhD & Renée I Boothroyd, PhD, MPH
Peers for Progress, American Academy of Family Physicians Foundation
Gillings School of Global Public Health, University of North Carolina – Chapel Hill

*Johnson & Johnson Diabetes Institute Faculty
• Edwin B. Fisher, PhD
  Global Director, Peers for Progress, American Academy of Family Physicians Foundation
  Professor, University of North Carolina at Chapel Hill
  Gillings School of Global Public Health

• Renée I. Boothroyd, PhD, MA, MPH, CHES
  Director, Peers for Progress Program Development Center, University of North Carolina at Chapel Hill
  Gillings School of Global Public Health
An Important Number: 8,760

24 X 365.25 = 8,766
- 6 hours a year with CDE, physician, or other health professional
  = 8,760 hours “on your own”
  - Healthy diet
  - Physical activity
  - Monitor blood sugar
  - Take medications, insulin
  - Manage sick days
  - Manage stress – Healthy Coping

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From DSME to DSMS: Case for Social & Peer Support

Self-management = Point of Care + Beyond!

People with diabetes need . . . .

- Help figuring out what changes and strategies might work in her/his daily life
- Skills to put these things into practice
- Ongoing encouragement and support – for day-to-day needs and when things change
- Community linkages and resources
- Help tying this all together with good clinical care

The Diabetes Educator 2007 33(Suppl 6): 216S-224S
Outline

• Need for ongoing peer support and evidence for its benefits
• Core functions of peer support that form a standardized framework for program development and tailoring to local needs and opportunities
• Illustrate the tailored application of core functions in varied settings and outcomes
• From recent conference with 60+ global partners, reflections from applications of peer support, including discussion of:
  – Lessons learned, and success factors
  – Connecting support interventions with local health care providers
  – Sustainability
Why Social & Ongoing Support?

✓ Protectively, social relationships may be as important as the negative effects of established risk factors such as smoking, obesity, and high blood pressure. Conversely, the risk associated with social isolation is stronger than that between cigarette smoking and mortality.

*House, Landis & Umberson, Science, 1988 241: 543*

✓ Duration of contact, not necessarily novelty of intervention, is critical to sustained behavior change and managing health.

*Diabetes: Norris et al., Diabetes Care 2002 25: 1159-1171*
*Smoking: Kottke et al., JAMA 1988 259: 2882-2889*
Why Peer Support?

People living with diseases and conditions have a great deal to offer each other (emotional, social, and practical assistance)

- “Mother Coordinators” trained other mothers to recognize signs and symptoms of malaria and give chloroquine; reduced mortality by 40%

- TB Control in Bangladesh – programs with lay health workers resulted in $64 per patient cures; programs without lay health workers costs $96 per patient cured

- Patient education for diabetes – 80% with lay health workers completed education (vs. 40% without), and those completing education reduced GHb

Key Advantages of Peer Support

- Personal relationship, time investment
- Often members of individual’s community, so tailoring implicit
- Reinforce and trouble-shoot basic education
- Provide emotional support, encouragement to:
  - Encourage Healthy Coping
  - Maintain motivation
- Organize for advocacy, community action
- Linkage to clinical and other resources
- *Extenders of diabetes educators* and other members of clinical team
Coaches for Mothers of Children w/Asthma

Nondirective & Flexible Approach

Schedule of planned contacts, but flexible application

- If not interested, “check in” next month
- Precontemplator Track = Monthly Check In
- Thus, *No Such Thing as A Drop-Out*

Staged Approach – 7 management behaviors addressed according to mother’s readiness to adopt them

Accept feelings, reluctance to pursue recommendations

Occasional help, but not direct services

Flexible mode (phone, home visit, accompany to physician visit, neighborhood locations)
Attention to Stressors not Directly Related to Asthma

Referrals to crisis nursery, homeless shelters, food pantries
Support groups for domestic violence, smoking
Locating funding for medications, low-income clinics, jobs

Substantive Contact (Face-to-face or by phone, at least one key management behavior discussed)

• 35% within 7 days of assignment of Coach
• 63% with 1 month
• 92% within 3 months
• Averaged more than 1 contact per quarter throughout last year of 2-year intervention
Hospitalizations
Admissions in Year Prior to Randomization (Year Pre) and 1st and 2nd Years of Coach Program

Interaction of Group X Time significant, $p < .02$.
Year 1 is adjusted by subtraction of index hospitalization. Thus Year 1 mean reflects hospitalizations other than index.

Gateway Community Health Center, Inc.,

www.diabetesinitiative.org
Promotora Roles & Responsibilities

• Considered part of the medical team and play a key role on the delivery of DSM
• Teach self management classes
• Screen for depression with protocol for referral of positive screens
• Provide informal counseling, social support and culturally sensitive health education
• Advocate for patient needs
• Assure that patients receive the health services they need and provides referral and follow-up services
• Assist and guide the patient in the management of their disease process
• 88% Retention Rate in SM Courses
• 49% of clients return to the support groups

Gateway Diabetes Self Management Project
Phase I - HbA1c (n = 109)

Baseline                 3mths                    6 mths                   12 mths
Average HbA1c Values

6                          6.5                         7                         7.5
7                          7.2                         7.2                         7.5
8                          8.2                         8.2                         8.7
9

Joshu et al. The Diabetes Educator 2007
33(Suppl 6): 151S-158S
Community Oriented Peer Supporter in Urban 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
Peers For Progress

- Accelerate and promote best practices in peer support as a regular part of health care and prevention around the world
- Responsive both to the promise of peer support and need for further research
  - Better self-management will have far greater impact on population health than improvement in specific medical treatment (WHO, 2003)
Peer Support Around the World

- **Global Network of Peer Support Organizations** started with 14 Peers for Progress grant programs in nine countries on six continents
- **Expanding Global Network** with other programs and organizations

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14 Peers for Progress grant programs

Other current program members of the Global Network of Peer Support Organizations launched by Peers for Progress (countries or regions)

www.peersforprogress.org
### Peer Support Programmes in Diabetes

#### Key Countries

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→ **Peer support is promising approach**

→ **Key functions are global**

→ **How they are addressed and implemented is local**
Peer Support: Key Functions

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

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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 & Global Tailoring

KEY OPERATIONAL FUNCTIONS of PEER SUPPORT

- Assistance in managing diabetes in daily life
- Social and emotional support
- Linkage to clinical care
- Ongoing support

Diverse Implementation of Key Functions

Local, Regional, Cultural Influences

1. Assistance in Daily Living (Ex.)

- Detailed discussion, demonstration, practice, review and reinforcement of key skills (e.g., “home navigation” with attention to Latino families; “community navigation” such as shared trips to restaurant buffets)

- Paper-based personal health record, part of notebook (“Carpeta Roja”) to track goals and progress among Latinos

- Closed network, other cell phone systems among supporters, participants, providers in African communities
2. Social, Emotional Support (Ex.)

- Home visits to enhance communication and positive family interactions among Latinos

- Social gatherings and alternative group activities (e.g., arts, cooking, quilting) by “Care Companions” to address social isolation issues among people ages 65+

- Mobile phone technologies for support between Diabetes Buddies in South Africa
3. Linkages to Care (Ex.)

- Preparation, co-attending, and debriefing between participants and peer leaders for clinic visits

- Peer supporter as part of health care team with clinic liaisons

- Integrate clinical “care plans” into participant handbooks that are used in social interactions with peer leaders and between them and providers
4. Ongoing Support (Ex.)

• Develop participant groups, connections to peer supporters locally to minimize distance challenges;

• Enable regular, face-to-face relationships and bonding that build into natural, casual support encounters

• Build social support programs onto existing infrastructure (e.g., referral system) and programs – can help with institutionalization
Organizational Readiness
Key Stakeholder Involvement • Resources • Teamwork

Program Development
PSer Role & Responsibility • Modality • Recruitment • Selection • Curriculum Design & Training • Frequency of Contact

Sustainability

Evaluation
RE-AIM Model • Process, Impact & Outcome Measures • Indicators for Success

Program Implementation
Ongoing Supervision & Training • Monitoring

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## Dimensions of Peer Support Programs and Their Implications on Acceptance and Sustainability

| Naturalistic, casual contact in existing groups | Trained peer supporters in programmed, planned contact |
| Community action and organization | Individual, direct services |
| Community-based | Clinic-based |
| Under resourced community and modest health system | Highly resourced community and extensive health system |
| Volunteer | Paid peer supporters |
| Shared specific health problem | Generalist peer supporters with communication and behavior change skills |
Issues/Challenges

- Practical (economy, other cost issues, transportation, electricity and its impact on e-strategies)
- Organizational (logistics of partnerships among multiple organizations, capacities among other, payment/reimbursement)

- Programmatic
  - Quality control (content and process)
  - Innovative use of technologies
  - Cultural issues (e.g., relationships with health care providers; lack of physician buy-in regarding need for active patient participation in ongoing management; “burden” if I share my problems)
Implications for Providers

- Integrate peer support as a powerful outreach and engagement strategy for enhanced systems to care (e.g., Community Oriented Primary Care and Patient Centered Medical Home (PCMH) activities)
  - Culturally sensitive outreach and follow-up
  - Enhanced access to and team-based care
  - Coaching patients to assume more active roles in health care
  - Enhanced communication between patients and providers
Looking Forward

Enhanced Quality and Availability of Peer Support Worldwide

“Go to” Source on Peer Support

- Reliable, Up-to-Date Information on Peer Support
- Program Models, Materials for Program Development
- Tools for Program Monitoring, Quality Improvement
- Regional Networks for Collaboration, Advocacy
- Global Networking and Website for QI, Knowledge Sharing

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Looking Forward

- Qualitatively and quantitatively describing
  - What are the varied roles of peer supporters and types of individuals filling them?
  - How are they recruited, selected, trained?
  - What do peer support encounters look like? How do they vary based on contexts?
  - What are the clinical, behavioral, quality of life, and cost impacts of peer supporters on health (shared evaluation measures across 8 sites)?
  - How can peer support interventions and impacts be sustained?
Peer Support Around the World

People sharing similar experiences have a great deal to offer each other.

Chronic diseases and many other conditions can encompass all aspects of people's lives. Support from peers can offer ongoing emotional, social, and practical assistance to help people continually stay healthy. Peer support complements and enhances other health care services.

Starting from addressing the growing global diabetes epidemic, Peers for Progress advances and promotes peer support programs around the world by:

- Extending the evidence base for peer support
- Establishing peer support as a core component of health care and prevention.
- Building a network of peer support organizations around the world.

Our Mission:
To accelerate best practices in peer support around the world.
**Additional Resources**


- Guide to Peer Support for Health Professionals/ Providers *under development*
Acknowledgements

Colleagues and our broader Learning Community . . .

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peersforprogress.org
edfisher@unc.edu
boothroy@email.unc.edu