Identification of Reliable Measures of Outcomes:
Consensus Measures of Outcomes and Key Mediators of Benefits of Peer Support in Diabetes Management

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Outline

• In the context of Peers for Progress, describe a participatory process for determining a consensus set of cross-site evaluation measures
• Examine such cross-site evaluation measures, indicators, tools, and instruments
• Consider challenges and opportunities related to the consistent documentation of peer support’s contribution to diabetes self-management and, more broadly, the idea of core, shared measures that are then applicable to other areas
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)
Enhanced Quality and Availability of Peer Support Worldwide

Peers for Progress
Peer Support Around the World

“Go to” Source on Peer Support

EVIDENCE
- Reliable, Up-to-Date Information on Peer Support
- Program Models, Materials for Program Development

EVALUATION
- Tools for Program Monitoring, Quality Improvement
- Global Networking and Website for QI, Knowledge Sharing
- Regional Networks for Collaboration, Advocacy

“Go to” Source on Peer Support Worldwide

www.peersforprogress.org
Peer Support Around the World

- Starting with 14 grants in nine countries on six continents
  (8 evaluation grants and 6 demonstration sites)
**Dissemination/Evaluation**

**Key Functions:**
- Assist in managing diabetes in daily life
- Social and emotional support
- Link to clinical care
- Ongoing support

**Diverse Implementation of Key Functions According to Local, Regional, Cultural Influences**

**Evaluate Implementation or Achievement of Key Functions**
- e.g., extent to which participants report being aided in implementing management plans, feel encouraged to use skills

**Outcomes:**
- Self Management Behaviors (AADE7™)
- Metabolic Control
- Other Clinical Indicators (e.g., blood pressure)
- Quality of Life

www.peersforprogress.org
Challenge & Opportunity

» Key functions/shared peer support framework

» Necessary attention to cultural differences for both intervention and evaluation

» NOT a “multi-site clinical trial” where we govern and sites are accountable to our study design, questions, and measures

» Cross site evaluation, common set of shared data

» Limited budgets

» Focus on both site specific and common, collective aspects across studies
Participatory Process

- Summarized inventory of all measures, tools as proposed by study sites/principle investigators
- Reviewed literature regarding validity, reliability, sensitivity, relevance/utility
- Via “teamlets” of grantee investigators, examined empirical and experiential literature for international use and general applicability, ease of use across sites (e.g., length/respondent burden, providing health utilization data often used in cost analyses)
- Generated iterations of recommendations for “required” and optional measures
## Consensus Measures

<table>
<thead>
<tr>
<th>Category</th>
<th>Measures, Indicators, Measurement Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical endpoints and demographic measures to describe study population</td>
<td>On insulin/other injectables/oral agents, initiation, dose; HbA1c, blood pressure, weight; age, sex, height, year of diagnosis, highest education, marital status</td>
</tr>
<tr>
<td>Behavioral measures (incl. medication adherence)</td>
<td>Selections from Summary of Diabetes Self Care Activities, Behavioral Risk Factor Surveillance System (BRFSS), and Morisky Scale (4-item)</td>
</tr>
<tr>
<td>Quality of Life</td>
<td>EQ5-D (general); Diabetes Distress Scale (2-item screen); PH-Q 8 (depression)</td>
</tr>
<tr>
<td>Process Evaluation</td>
<td>Perceived Availability of Peer Support by core functions and sub-elements</td>
</tr>
<tr>
<td>Mediators and Moderators</td>
<td>Health literacy; Support from Family, Friends, and health care team; Non-directive vs. Directive Support (8-item)</td>
</tr>
<tr>
<td>Costs</td>
<td>System costs (clinic, hospital, ED visits)</td>
</tr>
</tbody>
</table>
Possible Multilevel, Multivariate Evaluation

Experimental Intervention

Diabetes History

Individual-Level Social, Economic and Demographic Variables

Clinical Status & Quality of Life

Self-Management Behaviors

Intervention Engagement Participation

Implementation of Key Functions of Peer Support

Intervention Setting

Baseline Clinical Status, Quality of Life

Community Region Nation

Documentation from Project Reports

Data from Shared Database
Challenges, Opportunities, Next Steps

✓ Defining a core set of evaluation indicators, measures, and approaches for tracking change
✓ Minimizing burden of cross-site measures while building strong framework for cross-site learning
✓ Pooled database of shared, standard measures across separate study sites
✓ Increased power of analysis to detect differences
✓ Core set of evaluation measures to serve the broader community of peer support and diabetes researchers and, as modified, researchers in chronic disease management and health promotion
Acknowledgments

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