International Congress of Behavioral Medicine

Cross Cultural Research in Health Promotion and Chronic Disease Management

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**Wednesday, 4 August, 2010; W101**
Independence BCDE, Independence Level (5B)
9:00 AM - 11:30 AM
9:00-9:10  Welcome, overview, including description of questions from attendees to be addressed at end of session – Ed Fisher

9:10 -9:35  Integrating foundations in evidence with tailoring to local strengths, needs, etc. – Standardization by Function, Not Content – Ed Fisher

9:35-9:55  Selection of research objectives in international/global health promotion research – Brian Oldenburg

9:55-10:15  Adaptation of a program to new settings: Preventing Chronic Diseases in Middle-Income Countries: The Malaysia Diabetes Prevention Program – Carina Chan

10:15-10:30  Break

10:30-10:50  Identification of reliable measures of outcomes: Consensus measures of outcomes and key mediators of benefits of peer support in diabetes management – Renee Boothroyd

10:50-11:30  Questions from attendees regarding application to their own research.
   For each: 3 min description of project, 2 min description of question, 5 min discussion
Integrating foundations in evidence with tailoring to local strengths, needs, etc. – Standardization by Function, Not Content

Ed Fisher
Peers for Progress
University of North Carolina-Chapel Hill
“Standardization by function, not content”

Nondirective vs Directive Social Support

- **Nondirective**
  - Cooperating without taking over
  - Accepting feelings and choices
  - “Wow, I can’t believe he said that.”

- **Directive**
  - Taking responsibility for tasks
  - Directing choices and feelings
  - “You’ve just got to look on the bright side”
Summary of Research Findings

Based on interviews and surveys regarding how family and friends “HELP”

Nondirective support associated with:

• better metabolic control (glycosolated hemoglobin) and lower scores on Beck Depression Inventory among those with diabetes

• lower anxiety among those awaiting diagnostic mammography

• higher scores on measures of quality of life

• Nondirective support from professionals associated with QOL in those with HIV+
Survey of Nondirective & Directive Support

To what extent is each of the following typical of the support you receive from your family [or friends or health professionals] for dealing with your [fill in area of life]

1....2....3....4....5

Not at all typical                          Very Typical

Nondirective -- Emotional
Show interest in how you are doing
Make it easy for you to talk about
anything you think is important
Ask how you are doing
Are available to talk anytime.

Nondirective -- Instrumental
Ask if you need help
Cooperate with you to get things done
Provide information so you understand why you are doing things
Offer a range of suggestions

Directive -- Emotional
Tell you to feel proud of yourself
Push you to get going on things
Point out harmful or foolish ways you view things
Don't let you dwell on upsetting thoughts

Directive -- Instrumental
Solve problems for you
Take charge of your problems
Give you clear advice on how to handle problems
Tell you what to do
Thai Family Well-Being Study

Nittaya Kotchabhabkdi and colleagues
National Institute for Child and Family Development,
Mahidol University Salaya, Thailand

Two-stage stratified sampling method
1670 households from five provinces
943 older people, age 50-70 years old completed
Thai versions of measures of Nondirective and Directive support survey
<table>
<thead>
<tr>
<th>Item</th>
<th>Factor 1</th>
<th>Factor 2</th>
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<tbody>
<tr>
<td>Nondirective Emotional</td>
<td>Show interest in how you are doing</td>
<td>.751</td>
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<tr>
<td></td>
<td>Make it easy to talk about anything</td>
<td>.749</td>
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<td></td>
<td>Ask how you are doing</td>
<td>.752</td>
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<td></td>
<td>Are available to talk anytime</td>
<td>.616</td>
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<tr>
<td>Nondir Instrumental</td>
<td>Ask if you need help</td>
<td>.714</td>
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<td></td>
<td>Cooperate with you</td>
<td>.796</td>
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<tr>
<td><strong>Directive in US – Nondirective in Thai</strong></td>
<td></td>
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<tr>
<td>Directive Emotional</td>
<td>Tell you to feel proud of yourself</td>
<td>.744</td>
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<td></td>
<td>Push you to get going on things</td>
<td>.737</td>
</tr>
<tr>
<td>Directive Instrumental</td>
<td>Solve problems for you</td>
<td>.740</td>
</tr>
<tr>
<td></td>
<td>Take charge of your problems</td>
<td>.705</td>
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<tr>
<td><strong>Directive in Both US and Thai</strong></td>
<td></td>
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<tr>
<td>Directive Emotional</td>
<td>Point out foolish ways you view things</td>
<td>.168</td>
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<tr>
<td></td>
<td>Don’t let you dwell on upsetting thoughts</td>
<td>.432</td>
</tr>
<tr>
<td>Directive Instrumental</td>
<td>Tell you what to do</td>
<td>.375</td>
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<tr>
<td><strong>Neither Directive nor Nondirective in Thai</strong></td>
<td></td>
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<tr>
<td>Nondir Instrumental</td>
<td>Provide information</td>
<td>.734</td>
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<tr>
<td>Directive Instrumental</td>
<td>Give clear advice on how to handle</td>
<td>.702</td>
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<td></td>
<td>Offer a range of Suggestions</td>
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NIMH Project Accept

Community-based HIV voluntary counseling and testing (VCT)

48 communities in South Africa, Tanzania, Zimbabwe, Thailand

Three Key Strategies:
1. Increase access to HIVCT in community settings through free testing and mobile vans or temporary units in community sites such as market places
2. Engage community through outreach
3. HIV post-test support

NIMH Project Accept

Increasing community access to HIV counselling and testing

Soweto, Johannesburg
Mobile caravans travelled throughout community and provided services at designated locations

Thailand, around Chiang Mai
Existing community facilities such as community clinics to provide counselling and testing services

NIMH Project Accept
Community Mobilization

Kisarawe, Tanzania
No previous HIV counselling and testing in communities
Extensive preparatory work through local volunteers to spread information about services

South African sites with previous exposure to counselling and testing
Increase demand for services through traditional chiefs, partnering with pastors and door-to-door and street level mobilization.

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)
Key Challenge #1: Peer Support and Diabetes Vary Tremendously Across Cultures

*How do we identify a global approach?*
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
WHO Consultation, November, 2007

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<td>United Kingdom</td>
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<td>Indonesia</td>
<td>United Republic of Tanzania</td>
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<td>Jamaica</td>
<td>United States</td>
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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 plan in daily life

2. Ongoing social and emotional support

3. Linkage to/assistance in gaining access to clinical care

4. Ongoing availability of support; proactive contact
Standardization & Global 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
Dissemination/Evaluation Model

Key Functions

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

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

Diverse Implementation of Key Functions According to Local, Regional, Cultural Influences
Seven (7) US-based grantees:
Please see US map

- Simmons: [England]
- Mbanya: [Cameroon]
- Awah: [Cameroon]
- Gagliardino: [Argentina]
- Chan: [Hong Kong]
- Sanguanprasit: [Thailand]
- Oldenburg: [Australia]

South Africa: please see Rotheram-Borus pilot in US

Uganda: please see Baumann pilot in US

Peers for Progress Evaluation Grantees (N=14)

YELLOW BOXES = Evaluation Grants (N=8) (up to $805,000)
AQUA BOXES = Pilot Evaluation Grants (N=6) (up to $100,000)
Jade and Pearl in Hong Kong

Juliana Chan, Gary Ko, Rob Friedman, Brian Oldenburg and colleagues

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

Pearl

- Individualized and group coaching
- 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

Diamond – export to China
Buddy System among South African Women

Mary Jane Rotheram-Borus and colleagues

Through Women’s Wellness Fairs or clinics in Mfuleni Township in Cape Town, recruit women with diabetes

Diabetes Buddies
  - drop-in events
  - support meetings
  - other 1:1 contacts, along with text messaging

ongoing, reciprocal support among women

Challenges/Issues:
  - Practical barriers (e.g., electricity, organizational capacities, monitoring blood sugar)
  - Cultural roles in linkages to care (e.g., assertiveness of women)
Link to Health System in Thailand

Boosaba Sanguanprasit and colleagues

Region – Tertiary Care

District – Hospital

Community – Primary Care Center, Health Center

Village – Village Health Worker

Peer support through “Village Health Volunteers”
Building on Success in Australia

Diabetes Australia – Vic in Melbourne 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
Carpeta Roja for Older, Insured Population

Lyndee Knox, America Bracho, Michelle Henry and colleagues

*Carpeta Roja* developed and effective in low-income, Latino populations in Los Angeles through Latino Health Access

Now with PWD ages 65+ through WellMed – well-resourced medical homes in Texas

 Individualized coaching from once a month to daily

  Face-to-face, telephone, or web/email

Challenges: variations in empowerment and social support among younger and older populations