

SYMPOSIUM: PEER SUPPORT ACROSS CULTURAL, NATIONAL & ORGANIZATIONAL SETTINGS:
COMMON FUNCTIONS AND SETTING-SPECIFIC FEATURES

Generalizable Functions of Peer Support & Local Tailoring of Peer Support Interventions: Examples from Peers for Progress

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August 7, 2010



Peers for Progress

Peer Support Around the World | DIABETES

Outline

- In the context of Peers for Progress, describe core functions of peer support that form a standardized framework and global approach to implementation
- Examine local tailoring efforts as relevant to the strengths and characteristics of populations, cultures, and settings for diverse implementation of peer support's key functions
- Consider “value-added” of core functions amidst programmatic, cultural, and organizational challenges for peer support interventions

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)
 - WHO Consultation on Peer Support Programmes in Diabetes (2008)

Peer Support: Key Functions

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

Peer Support Around the World

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



PEER SUPPORT PROGRAMMES IN diabetes



Report of a WHO consultation, 5 - 7 November 2007

WHO/CAM/07.01



World Health
Organization

Australia	Gambia	Saudi Arabia
Bangladesh	India	Singapore
Bermuda	Indonesia	Switzerland
Brazil	Jamaica	Turkey
Cameroon	Mexico	Ukraine
Canada	Netherlands	UK
China	Pakistan	United Republic of Tanzania
Egypt	Philippines	US

- **Key functions are global**
- **How they are addressed and implemented is local**

1. Assistance in Daily Living (Ex.)

- Integrate skills building for “home navigation” with attention to Latino families (*AYALA*) and “community navigation” (e.g., shared trips to restaurant buffets) (*GAGLIARDINO*) to address nutrition, physical activity
- Paper-based personal health record, part of notebook (“*Carpeta Roja*”) to track goals and progress (*KNOX*)
- Motivational Interviewing to set goals (*SAFFORD*)
- Monthly support groups in community venues (*MBANYA*), regular home visits (*SANGUANPRASIT*) focused on skill-building
- Closed network (*BAUMANN*), other cell phone systems among supporters, participants, providers (*ROTHERAM-BORUS*)

2. Social, Emotional Support (Ex.)

- Home visits to enhance communication and positive family interactions among Latinos (*AYALA*)
- Characterization of peer supporters as “Care Companions” to address particular social, emotional relationships among persons ages 65+ (*KNOX*)
- Social gathering and alternative **group** activities (e.g., arts, cooking, quilting) versus one-on-one interactions to address social isolation (*KNOX*)
- Mobile technologies for support between Diabetes Buddies (*ROTHERAM-BORUS*)

3. Linkages to Care (Ex.)

- Pre, post preparation for clinic visits (*SAFFORD; TANG & HEISLER*) ; co-attending visits (*MBANYA; OLDENBURG*)
- Clinic tours to familiarize with resources (*AYALA*)
- Appointment log books among health care providers (*AWAH*)
- Integrating General Practitioner's (GP) Care Plan(part of Australia's infrastructure) into participant handbooks; peer leaders are trained to discuss it and engage in F/U with participants and GP (*OLDENBURG*)
- Peer supporter is part of health care team with clinic liaisons (*BODENHEIMER*) *

3. Linkages to Care (*Ex. Contin.*)

- Clinician-guided text messaging (*ROTHERAM-BORUS*)
- Phone system to supplement education sessions from medical professionals (*CHAN*) ; other free cell phone communication plans (*GAGLIARDINO*)
- Development and use of “referral pathway” to connect peer support with project nurse and address clinical difficulties (*SIMMONS*)

4. Ongoing Support (Ex.)

- Participant groups, connections to peer supporters developed locally to minimize distance challenges ; enable regular, face-to-face relationships, bonding; and strengthen program survival (*OLDENBURG; SANGUANPRASIT; SIMMONS*)
- Revisiting peer supporter contracts, expectations for extension and transition plans (*SAFFORD*)
- Existing infrastructure for group social support programs (Diabetes Victoria) (*OLDENBURG*) and opportunities for institutionalization
- Existing referral systems from villages to respective health centers (*SANGUANPRASIT*)

Issues/Challenges

- Practical (economy, other cost issues, transportation, electricity and its impact on e-strategies)
- Organizational partnerships (e.g., logistics among multiple organizations, capacities among others)
- Programmatic
 - Innovative use of technologies
 - Partnerships and pairing among people & organizations
 - Cultural issues (e.g., home visits in presence of family member; assertiveness of women, 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)

Refining “Peer Support”

- ❑ Particular emphasis on medications and adherence
- ❑ Attention to caregivers (as providers and receivers of support)
- ❑ Ongoing support for peer supporters
- ❑ Pay parallel attention to physical facilities and related conditions for care and support
- ❑ Integration across members of health care teams so everyone can deliver a solid and common message though they may be using different [role-specific] “languages”

So What?

- ✓ Common functions guide [ongoing] program development for functional coherence across projects

Standardization



Relevance/Fit

- ✓ Common functions offer a framework for adaptation, local direction, ingenuity, and flexibility

Acknowledgments

Colleagues and our broader Learning Community . . .

- ❖ Ed Fisher, PhD, Global Director of Peers for Progress
- ❖ Principle Investigators and Collaborative Teams at Peers for Progress Grantee/Research Sites
- ❖ Peers for Progress Team Members at University of North Carolina at Chapel Hill (UNC-CH) and the American Academy of Family Physicians Foundation
- ❖ Faculty Advisors at UNC-CH

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