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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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
• 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: 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)
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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

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

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