Standardization by Function, Not Content, and Regional Networks for Global Promotion and Dissemination of Peer Support as Standard Component of Care

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The age adjusted relative risk ratios [for social isolation] are stronger than the relative risks for all cause mortality reported for cigarette smoking.

House, Landis & Umberson

Science, 1988 241: 543
Peer Support Begins????????
Peer Support Begins!!!!!!!!!!!!!!!!!!!!!
Importance of Ongoing Follow Up and Support in Diabetes Self Management

Review of effects of self management on metabolic control
(Norris et al., *Diabetes Care* 2002 25: 1159-1171.)

• Only predictor of success: *Length of time over which contact was maintained*
Predictors of Sustained Change in Weight Loss and Smoking Cessation


• Meta-analysis of Smoking Cessation by Kottke (*JAMA* 1988 259: 2882-2889)
  “Success was not associated with novel or unusual interventions. It was the product of personalized smoking cessation advice and assistance, repeated in different forms by several sources over the longest feasible period.”
American Academy of Family Physicians Foundation

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Review of Peer Support

• 01/01/2000 - 12/31/2009: cognates of “coach,” “promotora,” “peer support” etc.

• 47 separate studies met criteria of:
  – Provided by nonprofessional
  – Support for multiple health behaviors over time (i.e., not isolated or single behaviors)
  – Not peer implementation of class

• Preliminary outcomes:
  – No evidence of benefit: 8
  – Significant within- or between-group changes: 39 (83%)
    • Objective or standardized measures: 28 (59.6%)
    • Non-standardized measures: 11 (23.4%)

Elstad et al., Internat Cong Beh Med, Washington, D.C., August, 2010
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, not looking in the eye is disrespectful
  Autonomy of individual versus responsibility of family, friends
  Styles of support – effusive versus tacit
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

www.peersforprogress.org
“Standardization by function, not content”

Dissemination/Evaluation Model

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
Seven (7) US-based grantees: Please see US map

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

Uganda: please see Baumann pilot in US
South Africa: please see Rotheram-Borus pilot in US

YELLOW BOXES = Evaluation Grants (N=8) (up to $805,000)
AQUA BOXES = Pilot Evaluation Grants (N=6) (up to $100,000)
“Teamlets” in San Francisco

Thomas Bodenheimer and colleagues
3 “safety net” clinics in San Francisco – English, Spanish, or Cantonese
Coach as part of clinical team – “teamlet” – with doctor and nurse
Pre-visit: help patient set goals
Post-visit:
  cultivate relationship
  ensure understanding of management plan
  goal setting for behavior change
  telephone follow-up to assess progress, trouble shoot, etc.

Challenges/Issues: working with and across four clinics (e.g., organizational liaisons)
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”
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
Key Challenge #2:
How do we project peer support around the world?
Kenichi Ohmae: *The Next Global Stage*

*Riverdance* as metaphor:
- Roots in Ireland
- Blends Irish and other cultural traditions
- Originally choreographed by a U.S. citizen with original U.S. stars, Michael Flatley & Jeanne Butler
- Includes dancers from U.S., Spain, Russia, and Kazakhstan as well as Ireland and Australia
- Has been criticized for its dilution of origins by Irish cultural traditionalists
- Seen by 25% of population of the world

*2005, Philadelphia: Wharton School Publishing*
One Country – Two Systems
“While still a part of China and, in theory, subject to the rule of Beijing, it is largely autonomous. The reality is that its ties with Beijing are weaker than those with business centers throughout the world.” (Ohmae, p. 8)
Kenichi Ohmae: *The Next Global Stage*

**Beyond the nation state**
- Not a single, unified entity
- Rather an amalgam of regions; “Part of China’s prosperity lies in its ability to ... allow its regions to plough their own furrows” (Ohmae, p.10)

**World as a single stage**
“Sprinkler model,” penetrating multiple markets simultaneously, rather than sequential penetration of markets

**Cross-border alliances to:**
- Offset costs of maintaining distribution networks
- Spread costs of R&D
Kenichi Ohmae: *The Next Global Stage*

What is the global economy
- Borderless
- Invisible
- Cyber connected

Key: Regional Networks
Not the Dissemination Model