

## Key Evidence Points for *Peers for Progress*' Global Initiatives to Promote Peer Support for Diabetes and Chronic Disease Management Around the World

### THE NEED

#### 1. Diabetes is an international health problem?,

- 246 million people have diabetes, expected to grow to 380 million by 2025 (International Diabetes Federation)
- 80% of those with diabetes live in developing countries[1] and projected increases in diabetes prevalence will be 4-fold higher in developing countries than in the developed world.[2]
- Approximately 3.8 million people die from diabetes each year.

#### 2. Diabetes is not being managed as well as it could be or should be?

- In the US, 20% of those with diabetes have poor glycemic control, 33% have poor blood pressure control, and 40% have elevated low-density lipoprotein (LDL) cholesterol.[3]
- Again in the U.S., 60% to 70% of patients with diabetes have not received self-management interventions.[4]
- In the U.S., more than half of those with diabetes reported they had not received all of three key preventive-care services -- foot and eye examinations and tests of blood sugar control.[5]
- From a survey in 13 countries, the majority of individuals with diabetes did not believe they were succeeding with their diabetes self-management.[6]
- Global expenditures for treatment and prevention of diabetes and its complications exceed \$US 232 billion in 2007.(International Diabetes Federation)
- In the U.S., medical expenditures for diabetes totaled \$116 billion in 2007, including \$58 billion for hospital care of largely preventable chronic diabetes-related complications.(American Diabetes Association)

### THE OPPORTUNITY

#### 3. Self management may, along with medical care, be helpful in managing diabetes and preventing its complications?

- Self management programs improve blood sugar control (by about 0.5 to 0.75 points on a measure of Hemoglobin A1c that assesses blood sugar over about 2 – 3 months and on which a reduction of 0.5 points is generally considered clinically significant).[7]
- The Institute of Medicine has cited enhancing support for patient self management as being the top priority for improving health-care quality in the US[8] and the WHO has reported that improving self-management of chronic disease would have a far greater impact on the health of the population than any improvement in specific medical treatment.

#### 4. Self management may produce value for reasonable cost in diabetes management?

- Studies of self management programs, including those in real-world settings of the Robert Wood Johnson Foundation's *Diabetes Initiative*, indicate a cost of about \$30 thousand -\$40 thousand per "quality adjusted life year,"[9] comparing well to

- benchmarks of reasonable cost for value of \$50 - \$70 thousand per quality adjusted life year.[10]
- In Denver, use of Community Health Workers shifted costs away from urgent care, inpatient care, and outpatient behavioral health care to increased utilization of primary and specialty care visits, decreasing costs and yielding a return on investment of 2.28:1.00.[11]
- 5. Peer support and other social influences have an impact on health and disease?**
- A vast amount of research indicates the impacts on health and mortality of social influences, including peer support.
  - In a major review over 20 years ago,[12] the impact of social isolation on death rates was estimated to be equivalent to that of smoking cigarettes.
  - Natural helpers, *promotoras*, lay health advisors, patient navigators, and peers with other titles are part of cultures and communities worldwide
- 6. Organized approaches to providing peer support can be effective?**
- Peer support, community health worker, and similar interventions have been shown to benefit health in a variety of ways, including promoting mammography, improving anti-malarial and anti TB treatment, improving adherence in HIV/AIDS, etc.[13]
  - Peer support interventions in the Robert Wood Johnson Foundation's Diabetes Initiative achieved a variety of benefits, including improved blood sugar control.[14, 15]
  - There is a wide variety of interventions that may be called "peer support," including, e.g., support groups run by professionals, web-based chat rooms, etc. Peers for Progress has identified for key features of peer support:
    - i) assistance in daily management, figuring out how to implement in daily life what is planned in the doctor's office;
    - ii) emotional and social support to maintain motivation and keep spirits up in managing diabetes "24/7."
    - iii) Since diabetes is for the "rest of your life" and diabetes management evolves with age and changes in circumstances such as retirement, ongoing support, not just limited to a program that lasts a few weeks or months;
    - iv) Linkage to clinical care, to encourage those with diabetes to get the care they need, including regular care 3-4 times a year even when they are feeling fine.
  - In a current review of literature, we identified 25 reports of peer support interventions that included these four features. Of these, 21 (84%) reported positive results, of which 8 focused on diabetes and 12 were randomized trials.

## **DEVELOPING A GLOBAL INITIATIVE**

### **1. There is great interest in peer support programs around the world**

- The November, 2007 consultation on "Peer Support Programmes in Diabetes" of the World Health Organization[16] included representatives from over 20 countries from the developed and developing world.
- Over 150 groups from 20 countries submitted letters of interest and over 100 completed applications in response to Peers for Progress' call for proposals in Spring, 2008.

## 2. Countries around the world have the capacity to develop peer support programs.

- Benchmark programs in peer support for diabetes management exist in Brazil, England, New Zealand, and a host of other countries.
- In Australia, the Melbourne branch of Australia Diabetes has been running peer support programs for over 20 years.
- In Indonesia, Pandu Diabetes run by the Indonesian Diabetes Association includes over 22,000 peer mentors; a regional meeting of these is at right.



A group of the 22,000 Diabetes Mentors in Pandu Diabetes, Indonesia

## 3. Peers for Progress' strategies for promoting peer support around the world.

- Few things could be more culturally specific than peer support – what is appropriate in one country may be overbearing in another and too timid in a third.
- Once identified, key components of peer support can be applied flexibly according to local and regional needs, populations, health systems, cultural perspectives, etc.[17]
- The WHO Consultation and subsequent review with investigators funded by Peers for Progress and others in the field identified the four key functions of peer support noted above, abridged here for the reader's convenience:
  - v) Assistance in daily management;
  - vi) Emotional and social support;
  - vii) Ongoing support;
  - viii) Linkage to clinical care.
- With these four key functions – and with their continuing revision in light of research findings and field experience – Peers for Progress will encourage local ingenuity and flexibility in exactly how peer support is implemented, thus striking a balance between the need for standardization and the need for local direction and flexibility.

## 4. There is a state-of-the-art for developing a global initiative such as Peers for Progress

- The same need for flexibility in light of local and regional characteristics also points toward the need for a highly decentralized approach to global promotion. Design, management, and dissemination need to be widely distributed rather than confined to a single source.
- Reflecting the importance of decentralized direction, production, promotion, and management of global organizations,[18] Peers for Progress will work through regional networks of peer support organizations around the world. Plans are in place to initiate a network in Hong Kong and the Western Pacific as well as in the United Kingdom and Western and Northern Europe in October, 2009 with additional plans emerging for networks based in South America, Africa and Australia.

## 5. Success indicators for Peers for Progress?

- Demonstration by evaluation grants of benefits of peer support
- Number and scope of member organizations of the Global Network of Peers Support Organizations
- Number of regional networks and numbers of their members and scope of activities
- Participation in website exchange and related information exchange opportunities
- Numbers of individuals reached by organizations participating in Global Network

- Number and range of peer support resources and tools contributed to website resources by member organizations
- Impacts on health service organizations and systems in terms of instituting and supporting peer support programs.

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