Evaluation Grantees:

Evaluating the Implementation and Effectiveness of a Diabetes Peer Mentoring Program

**Main Institution:** The American Academy of Family Physicians National Research Network (Kansas City, KS)

**Other Institutions:** Latino Health Access, LA Net, and WellMed Medical Group

**Principal Investigator:** Lyndee Knox, PhD (LA Net, a Project of Community Partners, Los Angeles, CA)

**Other Investigators:** James Galliher, PhD; Deborah Graham, MSPH; America Bracho, MD, MPH and Patricia Cantero, PhD (Latino Health Access); Michelle Henry, MSN (WellMed Medical Group)

**Project Location:** San Antonio, Texas

**Objectives:** The project will adapt a successful Diabetes Peer Mentoring Program, the Carpeta Roja (CR), from use with a low income, uninsured population, to use with an insured middle-class population. Peer mentors, diabetics themselves, will assist mentees in the daily management of their diabetes, providing social and emotional support and linkages to community resources through in-person meetings, telephone contacts and other communication methods. The approach is patient-centered: mentors will work with between 1 to 5 mentees at a time for periods of 3 to 14 months depending on the mentees’ needs.

Peer Support, Empowerment, and Remote Communication Linked by Information Technology (PEARL): A Multi-Component Program to Improve Community-Based Diabetes Care

**Main Institutions:** Asia Diabetes Foundation and Hong Kong Institute of Diabetes and Obesity, The Chinese University of Hong Kong, Hong Kong SAR (China)

**Principal Investigator:** Juliana C. N. Chan, MD, FRCP

**Other Investigators:** Gary T.C. Ko, MD FRCP, Alice P.S. Kong, MBChB, FRCP,
Joseph Lau, MSc, PhD, Ronald C.W. Ma, MB, BChir, MRCP, Lancelot Mui, BSc, MPH, Wingyee So, MD FRCP, Peter C.Y. Tong, PhD FRCP (Chinese University of Hong Kong, Hong Kong SAR, CHINA); Eva Kan, RN MPH, Rebecca Y.M. Wong, RN MA (Hong Kong Hospital Authority, Hong Kong SAR CHINA); Brian Oldenburg, PhD (Monash University, Australia); Robert H. Friedman, MD (Boston University School of Medicine, USA)

**Project Location:** Hong Kong SAR, China

**Objectives:** The project aims to use peer support and information technology to facilitate care providers to implement structured care and empower people with diabetes (PWD) to acquire self-management skills in a multi-component program. Trained PWD mentors offer peer support through regular phone calls, sharing sessions, and additional activities depending upon group dynamics (e.g. text messages, email, internet chat room, blog). Mentors are encouraged to use the Telephone Linked Care (TLC) system, an automatic, interactive, computer-controlled telephone system, to provide knowledge enhancement and motivational support.

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**RAPSID: Can Peer Support, Delivered as a Group or Individual Intervention, Enable People with Diabetes and Improve Their Health?**

**Main Institution:** Cambridge University Hospitals NHS Foundation Trust, Institute of Metabolic Science (England)

**Principal Investigator:** David Simmons, MD

**Other Investigators:** Jonathan Graffy, MD, Simon Cohn, PhD; Sarah Donald, BSc; Peter Robbins, MA, Vet MB; Charlotte Paddison, PhD; Toby Provost, PhD; Mark Evans, MD, FRCP; Amanda Adler, PhD, FRCP; Catherine Walsh, FRCPsych

**Project Location:** Cambridge, United Kingdom

**Objectives:** The project aims to: 1) discuss and address barriers to self care to provide a context for appraisal and informational and emotional support; 2) evaluate the efficacy of the intervention with an evaluation of the mechanisms and issues behind the intervention; 3) to provide a comparison of the efficacy of 1:1 peer support, a group approach, a combined approach and normal care without peer support; and 4) to assess uptake of group peer support and any wider population impact.
A Controlled Evaluation of the Australasian Peers for Progress Diabetes Program (PfP-DP) and its Transferability to Other Communities

**Main Institution:** Monash University, School of Public Health & Preventive Medicine (Australia)

**Principal Investigator:** Brian Oldenburg, PhD

**Other Investigators:** Prof James A. Dunbar and Prof Prasuna Reddy (Flinders and Deakin Universities, Australia); Dr. Ralph Audehm and Mr Greg Johnson (Diabetes Australia-Victoria, Australia); A/Prof Maximilian de Courten (Monash University, Australia); A/Prof Rob Carter (Deakin University, Australia); Dr. Pilvikki Absetz (National Institute of Public Health, Finland); Prof Anuar Zaini (Monash University Malaysia); A/Prof Rory Wolfe (Monash University, Australia)

**Project Location:** Melbourne, Australia

**Objectives:** The major goal is to implement and evaluate a structured state-of-the-art peer-led group program to improve daily management, social and emotional support, and linkage to clinical care for people with type 2 diabetes. In monthly peer-led sessions over a period of 12 months, trained lay peer leaders address the key steps involved in behavior change and chronic disease self-management.

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*Puentes a Una Mejor Vida/ Bridges to a Better Life*

**Main Institution:** San Diego State University, Graduate School of Public Health, Center for Behavioral and Community Health Studies

**Other Institutions:** Clinicas de Salud del Pueblo (United States)

**Principal Investigator:** Guadalupe X. Ayala, PhD, MPH

**Other Investigators:** John P. Elder, PhD, MPH, Ming Ji, PhD; Andrea Cherrington, MD, MPH (University of Alabama, Department of Medicine); Mark Snyder, PhD (University of Minnesota, Department of Psychology); Leticia Ibarra, MPH and Afshan N. Baig, MD, MC (Clinicas de Salud del Pueblo, Inc.)

**Project Location:** San Diego, California

**Objectives:** The aim of the project is to evaluate a diabetes peer supporter intervention that will help adult Mexicans/Mexican-Americans navigate three environments to
facilitate diabetes control: (1) more frequent and productive doctor-patient communication, as well as greater involvement in the clinic’s diabetes education program (health care system navigation); (2) effective management of behaviors when outside the home (community navigation), and (3) positive family interactions to support diabetes control (home navigation).

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**Evaluating Community Peer Advisors and Diabetes Outcomes in Rural Alabama**

**Main Institution:** University of Alabama at Birmingham, School of Medicine (United States)

**Principal Investigator:** Monika M. Safford, MD

**Other Investigators:** Mona Fouad, MD, MPH; Andrea Cherrington, MD, MPH, Susan Appel, PhD; W. Timothy Garvey, MD, PhD; Jewell Halanych, MD, MPH; Catarina Keife, PhD, MD; Michelle Martin, PhD; Maria Pisu, PhD; Robert Oster, PhD, Mary Annette Wright, PhD

**Project Location:** Birmingham, Alabama

**Objectives:** The main goal is to test the hypothesis that a volunteer peer support program will result in improved HbA1C, blood pressure (BP) and cholesterol, health behaviors and quality of life, compared to usual care. The collaboratively developed intervention will be piloted, and based on pilot test results, peer advisors (PAs) for the intervention will be trained, recruited, and linked with participating intervention Community Health Centers. Patients will be recruited and in partnership DRTC, community partners and 67 peer advisors, and the group-randomized, controlled implementation trial will be conducted and evaluated.

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**Peer Coaching for Low-Income Patients with Diabetes in Primary Care**

**Main Institution:** University of California at San Francisco, School of Medicine, Department of Family and Community Medicine (United States)

**Principal Investigator:** Thomas Bodenheimer, MD, MPH

**Other Investigators:** David Thom, MD, PhD; Ellen Chen, MD
**Project Location:** San Francisco, California

**Objectives:** 1) To assess the effect of trained peer health coaches on reducing HbA1C levels in disadvantaged, poorly-controlled diabetic patients; and 2) To assess the effect of trained peer health coaches on improving self-management of diabetes in disadvantaged, poorly-controlled diabetic patients. Each of the 40 peer coaches work with their own panel of patients, 5 – 6 patients per coach, on daily health behaviors by using action plans, discussing problem solving and addressing medications and medication adherence. Peer coaches meet with the patient in person, call the patient at least every 2 weeks, and accompany the patient to at least 1 clinic visit.

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**Peer-Led Self-Management Support in “Real World” Clinical and Community Settings**

**Main Institution:** University of Michigan Medical School, Department of Medical Education and Department of Internal Medicine, and the University of Michigan School of Public Health, Department of Health Behavior and Health Education (United States)

**Principal Investigator:** Tricia S. Tang, PhD

**Other Investigators:** Michele Heisler, MD, MPA, Robert Anderson, Med, EdD; Martha Funnell, MS, RN, CDE; John Piette, PhD; Michael Spencer, MSW, PhD; Anthony Williamson, MSW, LBSW; Felix Valbuena, MD (Community Health & Social Services)

**Project Location:** Ann Arbor, Michigan

**Objectives:** The project aims to examine the role of peer support in sustaining diabetes-related health gains among African-American adults in a community-based setting in Ypsilanti, MI and Latino adults (Spanish- and English-speaking) in a clinic-based setting in Detroit, MI. Peer leaders with diabetes living in the target communities are trained to facilitate the Peer-Led, Empowerment-based Approach to Self-Management Efforts in Diabetes (PLEASED) intervention. The PLEASED intervention consists of 3 months of diabetes self-management education (DSME) training followed by 12-months of ongoing, peer-led diabetes self-management support (DSMS), including weekly DSMS sessions led by the Peer Leaders, follow-up telephone contacts, and monthly contact with at least one ‘peer buddy’.