Peer Support Across Cultural, National and Organizational Settings: Common Functions and Setting-Specific Features

JADE AND PEARL IN HONG KONG

THE AUSTRALASIAN PEERS FOR PROGRESS DIABETES PROGRAM

PEER SUPPORT FOR ADULTS WITH DIABETES IN RURAL UGANDA
*Linda Baumann* with Nakwagala F, Nambuya A

GENERALIZABLE FUNCTIONS OF PEER SUPPORT AND LOCAL TAILORING OF PEER SUPPORT INTERVENTIONS
*Renée Boothroyd* with Fisher E
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
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
University of North Carolina-Chapel Hill

funded by the Eli Lilly and Company Foundation
1. Build the evidence base
2. Facilitate knowledge sharing and management among peer support programs around the world – develop a shared “state of the art”
3. Facilitate national and regional advocacy for peer support as routine part of health care and prevention
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:
  – Significant within- or between-group changes:
    83% of all 47 (39/47)
    80% of 35 with objective or standardized outcomes (28/35)

Elstad et al., Internat Cong Beh Med, Washington, D.C., August, 2010
Key Challenge
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”

14 Projects of Peers for Progress
Peer Support in Health Promotion: Information Exchange
Midday Discussion · Saturday, 7 August, 2010 · 1:15 PM – 2:15 PM
Conference Theatre, Lagoon Level (1B) · 1:15 PM – 2:15 PM