

## New Peers for Progress Publication in *Health Affairs*

Results of projects in Cameroon, South Africa, Uganda and Thailand are the subject of a Peers for Progress paper in the January, 2012 special issue of *Health Affairs* (volume 31, number 1), “Confronting the Growing Diabetes Crisis.” Jean Claude Mbanya from the project in Cameroon, Mary Jane Rotheram-Borus from UCLA and the project in South Africa, Linda Baumann from the University of Wisconsin and the project in Uganda, and Boosaba Sanguanprasit and Chanuantong Tanasugarn from the project in Thailand joined Peers for Progress staff Renee Boothroyd, Maggy Coufal, and Ed Fisher in authoring the paper. The paper, “Peer support for self-management of diabetes improved outcomes in international settings,” is available at:

<http://www.peersforprogress.org> under FEATURES.

The paper describes how Peers for Progress programs in each of these four countries implemented the “four key functions of peer support”: assistance in daily management, social and emotional



Community and Individual Resources in Thailand – A bicycle is linked to a generator that both irrigates a community garden and provides an exercise opportunity for residents.

support, linkage to clinical care, and ongoing availability of support. All four projects included individual and group meetings that emphasized “pragmatic” aspects of diabetes management such as healthy cooking, exercise and specific ways people with diabetes might overcome barriers to implementing their daily self-management. Peer supporters also helped provide community resources to encourage improved daily self-management. For example, participants in the Thailand project installed a community garden with a converted bicycle that powered irrigation while also providing an opportunity for patients to exercise.

Group and individual contact among peer supporters and participants provided opportunities for encouragement and attention to emotional and motivation issues surrounding

diabetes management. In Cameroon, peer supporters were trained to provide social and emotional support, giving them the skills to discuss emotions such as depression and concerns about complications that patients did not feel comfortable raising with health professionals or in group sessions. In South Africa and Uganda, text messaging and telephone contacts proved effective means for prompting self-management and for exchanging encouragement and emotional support among participants. A one-day “diabetes camp” in Thailand provided village health volunteers and participants core knowledge which then provided a base for individual, group and community efforts to promote ongoing diabetes management.



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All four projects encouraged participants to obtain appropriate clinical care and connected peer supporters with health professionals. Health professionals helped lead some intervention components in Thailand and Uganda. The involvement of professionals reduced peer supporters’ anxiety about making mistakes and enhanced the projects’ credibility. Perhaps most important, all four projects were implemented in a way that ensured ongoing availability of support for patients.

This runs counter to many patient education programs that have clear ending dates, after which



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participants are expected to maintain improvements on their own, without further support or encouragement.

The projects described in the paper were implemented with peer supporters based in diabetes clinics (Cameroon and Uganda), community organizations outside the health care field (South Africa), and a volunteer service that is part of the health system (Thailand). Regardless of setting, the fundamental functions of peer support — assistance in daily management, social and emotional support, linkage to clinical care, and ongoing availability of support — provided a firm outline for organizing programs.

Thus the paper demonstrated how peer support may be implemented in different settings around the world, showed how the four functions provide a useful template for guiding program development across different settings, and documented appreciable program benefits. Peer supporters can be successful in helping patients achieve improvements in behavioral and daily disease management, as well as clinical status (including blood pressure, body mass index and blood sugar levels), and quality of life..

To promote its special issue and gain attention for the “Growing Diabetes Crisis,” *Health Affairs* hosted [a day-long conference in Washington, D.C.](#) on January 10. After a keynote from the Surgeon General of the United States, Dr. Regina Benjamin, the authors of each of the papers in the issue presented their findings. Dr. Fisher presented Peers for Progress as part of a session on Improving Medical Management and Care. It was interesting that of the four other papers in this session, three also addressed approaches to organization of care and promoting diabetes self management – through group medical visits, programs enlisting pharmacists in supporting day-to-day diabetes care, and the Medicare Advantage Chronic Special Needs Plan. These and the rest of the day reflected broad recognition that diabetes requires integration of medical care, support of self management both in the clinic and in individuals’ daily lives, and organization of care to address the lifelong, multimorbid characteristics of chronic disease.



Ed Fisher, Global Director of Peers for Progress, at the *Health Affairs* conference, “Confronting the Growing Diabetes Crisis,” Washington D.C., January 10, 2012.