

## 2012 Together on Diabetes Grantee Summit – February 2012 Peers for Progress Meeting Reflections

### I. BACKGROUND

In 2011, Peers for Progress (PfP) began planning for a project called ***Diabetes management through peer support and community outreach from the patient-centered medical home***, funded by the Bristol Myers Squibb Foundation's (BMSF) Together on Diabetes Initiative - a five-year initiative launched in 2010 to improve health outcomes of people living with type 2 diabetes in the United States. To learn more about the *Together on Diabetes* Initiative, please visit: <http://www.bms.com/togetherondiabetes/pages/home.aspx>

In February 2012, Peers for Progress and our collaborators, along with other grantees of the Initiative and their implementation partners, attended the first *Together on Diabetes* Grantee Summit in Atlanta, Georgia. Held by BMSF in partnership with the National Network of Public Health Institutes (NNPHI), the goals of this summit were to give grantees the opportunity to share progress, key lessons and challenges and also to participate in skills building workshops on community engagement, policy and advocacy, and economic analysis. Four panels were set up for grantees to present project updates. Click on the links below to view the grantee presentations:

- Panel 1: [Empowering patients for self-management throughout the disease journey](#)
- Panel 2: [Addressing diabetes among and through African American women](#)
- Panel 3: [Tapping community strengths, resources and mobilization to drive evidence-based practices](#)
- Panel 4: [Pursuing population health impact through geospatial mapping and community-clinic connections](#)

Dr. Ann Albright, Director of the CDC Division of Diabetes Translation, gave a keynote address on day one focusing on diabetes and inequities. On day two, Dr. George Rust, Director of the National Center for Primary Care at Morehouse School of Medicine gave a keynote address focusing on achieving optimal and equitable diabetes outcomes and Clara Cobb, Rear Admiral and Assistant Surgeon General with the United States Public Health Service gave a second keynote address on the state of diabetes in the United States and an overview of efforts coming out of the Surgeon General's Office.

To view more information about the speakers and presentations given at the summit, please visit: <http://www.bms.com/togetherondiabetes/learnings/Pages/default.aspx>

### II. PEERS FOR PROGRESS PARTICIPATION

Our project, *Diabetes Management through Peer Support and Community Outreach from the Patient-Centered Medical Home*, aims to demonstrate the effectiveness of a comprehensive approach to diabetes management that evolves the patient experience component of the Patient Centered Medical Home (PCMH) by integrating peer support and community outreach activities. While operating as part of the care team and from the stable platform of the primary care practice, peer supporters can extend the reach of the team into the community. They are excellent vehicles for community organization and outreach, promotion of healthier lifestyles, creating diverse linkages to communities and reaching and engaging those most in need, especially "hard to reach," low income and disadvantaged audiences. The enhanced PCMH model will be provided to 4,000 low income Latinos with type 2 diabetes receiving care at one or more primary care sites.

Seven team members from our project attended the summit: from Peers for Progress, Dr. Edwin Fisher (Principal Investigator), Dr. Renée Boothroyd (Co-Investigator) and Diana Urlaub (Program Manager); from National Council of La Raza, Delia Pompa (Senior Vice President of Programs) and Vicky Cardoza (Project

Coordinator); and, from Alivio Medical Center in Chicago, Dr. Araceli Andablo (Lead Physician with Alivio's Diabetes Collaborative) and Julia Escamilla (*Compañeros en Salud* Program Manager). Dr. Fisher presented a summary of our progress to date as part of Panel 1: Empowering patients for self-management throughout the disease journey. Our progress to date highlighted the selection of the implementation site (Alivio Medical Center), development of a model for organizational interactions that bridge community outreach and resources with clinical services and specification of the roles of the peer supporters. Our challenges reflect that integration of community, peer-based and clinical resources is challenging and recognized that peer support and clinical care are distinct from and complimentary to each other and neither one alone can provide all of what the patient needs to become healthy. Our focus on empowerment emphasized that individual-level empowerment can stem from social and community-level support.

Reflecting on the event, Delia Pompa commented, "NCLR was so pleased to have representatives from our Affiliate, Alivio Medical Center, join us at the grantee meeting. The BMSF partnership is particularly significant to NCLR because it empowers our Affiliate to speak up for their own needs and those of other providers. Alivio's attendance at the meeting gave them a broader sense of the impact their work in the Peers for Progress project can have on Diabetes Type 2 self-management for Latinos at a national level."

### III. HIGHLIGHTS AND REFLECTIONS

- Amazingly, seventeen grantees of the *Together on Diabetes* Initiative are to implement projects around education, community based services, peer support and community mobilization to reduce health disparities. This presents opportunities for Peers for Progress to facilitate further networking and knowledge exchange among the grantees. More information of the partners and projects funded can be found [here](#).
- The lives of people with diabetes are complex and even though enhancements to a "medical home" are important for helping them, their real home is outside the clinic. Thus, our efforts for ongoing support for their behavior change need to take these realities into consideration. Our goal is to work "with" people not "on" people.
- The realities of behavior change are complex. When developing interventions (in our case, integrating peer support and community resources and primary care services) think about things to put into practice, but also think about things to stop doing. In other words, amplify strengths but also remove what is not working well. This involves paying attention to regular, rapid feedback loops for monitoring and adjusting, as needed.
- The idea of empowerment should extend beyond the individual. Our project efforts should not just focus on the person but also their social and community ties, and services and programs available in their communities.
- Teamwork as well as humility in working together are necessary to tie together all the services needed to help people with diabetes manage in their daily lives.

### IV. NEXT STEPS

In the next few months, we plan to hold a media event to publicize the project and highlight our collaboration with our funder, the Bristol Myers Squibb Foundation, and our project partners the American Academy of Family Physicians Foundation, Peers for Progress, the University of North Carolina at Chapel Hill, the National Council of La Raza (NCLR), TransforMED and Alivio Medical Center. This event will be held at one of the six primary care clinics that are part of Alivio Medical Center network.

Later this summer, we will begin organizing our project's National Collaborative Learning Network, in partnership with NCLR. This network will engage projects and organizations interested in collaborative development of integrated PCMH and peer support programs for diabetes management and chronic disease prevention and control.