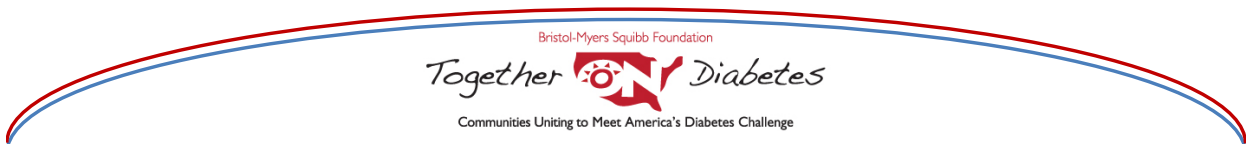


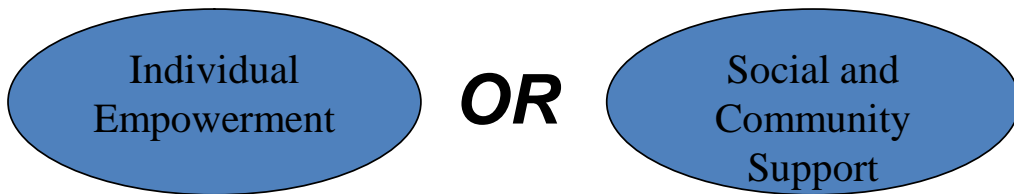
Diabetes Self Management through Peer Support and Community Outreach from the Patient-Centered Medical Home



Alivio Medical Center
An Active Presence for a Strong Community

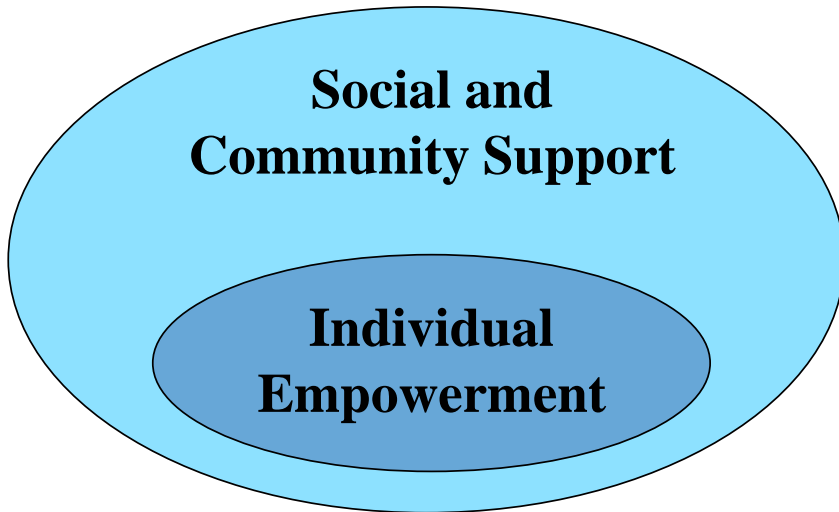


“Just say no” – Nancy Reagan



“It takes a village” – Hillary Clinton





*We all worked together and it really made
me feel I could do it*



Fundamental Role of Social Support

Human beings are more effective and happier when they have someone

- they can talk to about personal matters
- who cares about them
- who can help them when they need help

The risk of death associated with social isolation is greater than the risk associated with cigarette smoking (House, Landis & Umberson. *Science*, 1988 241: 540-544; Holt-Lunstad et al. *PLOSMedicine*, 2010, 7: July e1000316 www.plosmedicine.org)

“...whilst always encouraging their children’s autonomy, are none the less available and responsive when called upon... ‘dependency’ has had so baleful an influence...often happened that whenever attachment...is manifest...it has not only been regarded as regrettable but has even been dubbed regressive. I believe this to be an appalling misjudgment.” (Bowlby, J. *A Secure Base: Parent-Child Attachment and Healthy Human Development*. 1988. Basic Books. P. 12)

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Project Description

- Promotores – Compañeros en Salud
- Patient-Centered Medical Home
- Community Outreach
- Link these in demonstration at Alivio Medical Center, Chicago – Services to 400/4,000 PWD
- National Collaborative Learning Network on Peer Support



Project Progress: Interim Process and Health Outcome Results

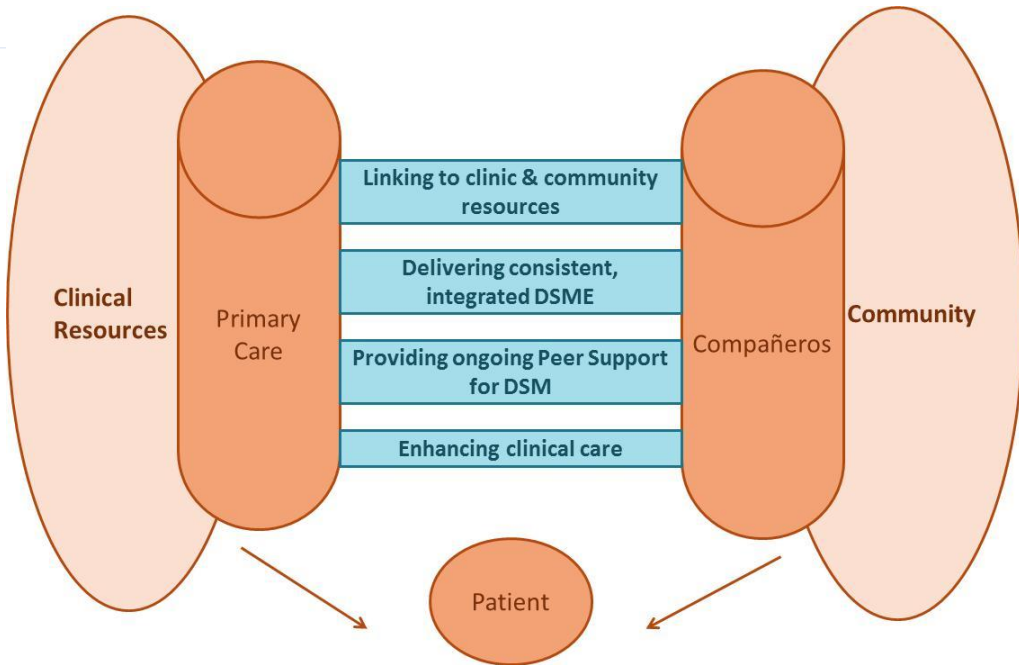
- Site selected from national search
- Program model developed with broad input from
 - Clinical and outreach components of Alivio Medical Center
 - Integration of inputs from NCLR, TransforMED, PfP
- Specification of roles of Compañeros
 - Portion of time in clinic
 - Organizationally based in Compañeros en Salud

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Lessons Learned



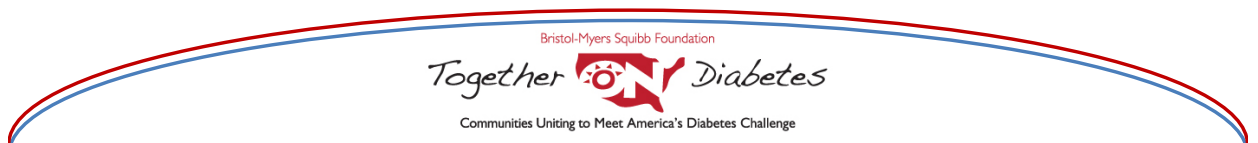
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Challenges

- Integration of community- and peer-based resources with clinical services is challenging
 - Organizational change
 - Peer support distinct from and complementary to role of the clinical providers (differentiation before integration)
- Neither clinic nor community outreach/support alone can provide all of what the patient needs to become healthy
 - Building trust in team approach



Key Next Steps

- PCMH process that includes peer support as part of the team
- Building ongoing support component
 - Case conferences
- Recruiting, hiring and training peer supporters
- Ongoing support for peer supporters
- Pilot testing, ongoing training



Four Key Functions of Peer Support

- Assistance in daily management – “the nurse/doctor tells me what to do; the Compañero shows me how to do it”
- Social and emotional support
- Linkage to clinical and community resources
- Ongoing support

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MEDICAL MANAGEMENT & CARE

By Edwin B. Fisher, Renée I. Boothroyd, Muchieh Maggy Coufal, Linda C. Baumann, Jean Claude Mbanya, Mary Jane Rotheram-Borus, Boosaba Sanguanprasit, and Chanuantong Tanasugarn

Peer Support For Self-Management Of Diabetes Improved Outcomes In International Settings

ABSTRACT Self-management of diabetes is essential to reducing the risks of associated disabilities. But effective self-management is often short-lived. Peers can provide the kind of ongoing support that is needed for sustained self-management of diabetes. In this context, peers are nonprofessionals who have diabetes or close familiarity with its management. Key functions of effective peer support include assistance in daily management, social and emotional support, linkage to clinical care, and ongoing availability of support. Using these four functions as a template of peer support, project teams in Cameroon, South Africa, Thailand, and Uganda developed and then evaluated peer support interventions for adults with diabetes. Our initial assessment found improvements in symptom management, diet, blood pressure, body mass index, and blood sugar levels for many of those taking part in the programs. For policy makers, the broader message is that by emphasizing the four key peer support functions, diabetes management programs can be successfully introduced across varied cultural settings and within diverse health systems.

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