

2011 Peers for Progress Practica Highlights

There is an increasing demand for a workforce with skills and experience in program development, implementation and evaluation within peer support programs for health. One potential way to satisfy this demand is through collaboration with universities to offer students training opportunities known as practica or internships. In many cases, these types of short term training opportunities (200-400 hours) also yield tangible results beneficial to the host organizations such as program plans and curricula. With its Program Development Center based at the Gillings School of Global Public Health of the University of North Carolina at Chapel Hill (UNC-CH), Peers for Progress and its collaborators were able to sponsor 7 MPH students from the Department of Health Behavior and Health Education to conduct their summer practicum across 4 sites in China, Australia and Mexico. A Brief summary of the different projects and a note from the students is provided below.

To learn more, please also read a blog posting by Clayton Velicer, one of the 7 students, sharing his practicum experience on the [Peers for Progress Blog](#).

Nanjing, China

Project title: Piloting Peer Support in the Zhongda Hospital

Student: Patrick Yao Tang

Preceptor and organization: Dr. Zilin Sun, Zhongda Hospital, subsidiary of Southeast University

Key activities: Development of Training Curriculum, Translation of Peer Support materials, Implementation of training curriculum, data analysis

In Nanjing Pat had the opportunity to work with peer leader candidates that were selected using Peers for Progress recommendations and Dr. Sun's protocol. These peer leaders were being trained to work with adults with Type 2 Diabetes. The goal of this training was to develop a program plan for a pilot peer support intervention to be coordinated by the diabetes education team at Zhongda Hospital and implemented in several communities across Nanjing. A large part of this development involved working on translating and adapting global peer support resources to the Chinese context. After the training was piloted in June it was evaluated by the Diabetes Education team at the hospital and areas for skill development and future certification of peer leaders were identified. The long term goals of the project remain demonstrating the effect of peer support on quality of life outcomes for persons with diabetes in China, collaboration with other diabetes peer support researchers and expanding the peer support network in China.



During his time in Nanjing Pat's collaboration between Peers for Progress and the Zhongda hospital helped facilitate the creation and evaluation of training curricula for peer leaders. Pat remains in collaboration with the Zhongda hospital and assisting in data analysis of the impact of the diabetes

education program being conducted in the hospital for the past 3 years. Pat also will be involved in a future publication regarding the impact of the training curriculum and peer support program in Nanjing.



Example of Resources/Tools Developed:
Peer Leader Training Curriculum-
Motivational Interviewing for Behavioral Coaching

Pat described his experience in Nanjing as being particularly powerful in demonstrating the need for peer support programs to adapt to their population and setting-

"I learned to be more flexible when it comes to adapting a model to a different population and setting. Some habits and beliefs are so institutionalized and culturally ingrained that it's unrealistic to expect rapid adoption of new practices. This is part of an overarching theme of adapting to the environment rather than trying to change it."

Melbourne, Australia

Project title: Australasian Peers for Progress Diabetes Project and Ongoing Support

Student: Clayton Velicer

Preceptor and organization: Brian Oldenburg, Monash University

Key activities: Physical Data Collection, Transcription, Qualitative Day Analysis, Manuscript Production

In Melbourne Clayton had the opportunity to work with 24 communities around the region of Victoria participating in a group peer support program for Type 2 diabetes. At the 12 intervention and control sites Clayton assisted in the 6 month data collection including taking physical measurements such as blood pressure, waist circumference and weight. The goal of this data collection was to help evaluate the progress the intervention participants were making in their diabetes management. This experience provided the opportunity to interact directly with both general program participants and peer leaders. As a secondary project Clayton conducted a process evaluation of the ongoing support provided to the peer leaders through 15 teleconferences conducted during the first 6 months of this study. Clayton also transcribed and coded the type of support that was delivered during these calls.

Since returning Clayton has continued to work on the projects he started over the summer in Melbourne. He is currently collaborating with members of both the Melbourne team and the North Carolina Peers for Progress staff to develop a paper on ongoing support delivered through teleconferences. An abstract of this paper has been submitted for the annual Society of Behavioral Medicine conference in the spring and the paper is currently being reviewed and revised.

In his own words Clayton described his experience in Australia as facilitating his understanding of the global nature of the Peers for Progress network –



“My preceptor, Professor Brian Oldenburg, was involved in projects all over the world and I had the opportunity to regularly discuss these projects with him. I also met and worked with visiting scholars and students at Monash University. Working in this kind of environment I developed a greater appreciation for what is possible with international collaboration and how the different members of the Peers for Progress network work together to add to the international knowledge base.”

Real Del Monte, Mexico

Project title: Formative research for Peer Support programs in the community

Students: Claire Chu, Christa Martens and Sarah Weller

Preceptor and organization: Dr. Joel Rodríguez-Saldaña, Resueltos Médicos, Desarrollo e Investigación and the Real del Monte Clinic

Key Activities: Survey and Interview guide development, data collection through interviews and focus groups, translation and participant recruitment.

The Real Del Monte Team worked in the state of Hidalgo, Mexico conducting in depth interviews with clinic providers and focus groups with community members with diabetes. This formative research was focused on assessing the community needs and capacity for developing a social support network for people living with Type 2 Diabetes. As part of this formative research and data collection the team developed interview and focus group guides in English and Spanish, developed surveys to administer to caretakers, people living with diabetes and health care providers and recruited Real del Monte residents with diabetes and their caretakers. The long term goals of this project will be to develop a peer support network based on this data and research.

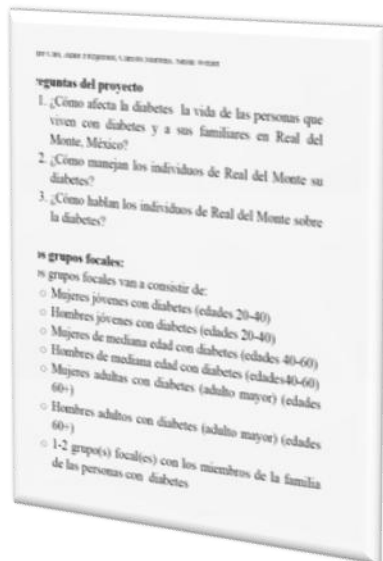


The Real Del Monte team has continued working together in the Fall of 2011 semester

to analyze the qualitative and quantitative data collected over the summer to inform the creation of a program plan for a Diabetes social support network in Real del Monte, Mexico. The students have been joined by an additional student at UNC and are currently collaborating with Peers for Progress, clinic staff and local stakeholders to ensure the feasibility of applying and maintaining the project’s objectives and goals.

One of the team members Christa Martens described one of the ways that formative research conducted during the team’s practicum impacted their understanding of support in Real Del Monte-

“Our participants echoed sentiments of familial and friend support, with men voicing their receipt of familial support more strongly than the women. As we look to create a program plan, we intend to take the important roles of the family and friends into consideration, as well as the expressed need by the community members for more education.”



Example of Resources/Tools Developed:
Diabetes Focus Group Guide in Spanish

Jining, China

Project title: Peer Support for inpatients with Depression in the Ankong Psychiatric Hospital,
Student: Shelly Yu
Preceptor and organization: Gongying Li, Ankong Psychiatric Hospital and Jining Medical University
Key Activities: Intervention Curriculum development, study designs, interviews with patients, transcription and translation, development of a manuscript

Ankong Psychiatric Hospital is located in the Shandong Province of China and is one of the largest psychiatric hospitals in China serving a widely geographically dispersed population. The ultimate goal of the program was to design a pilot study of a peer support program that would incorporate a community component and serve the population immediately surrounding the hospital. This design was informed by Shelly's experience shadowing psychiatrist at the hospital and conducting informal interviews. Shelly also was involved in designing a mixed methods study to examine the ways in which stigma could act as a barrier to peer support activities.

During her time in Jining Shelly conducted patient interviews as formative research for the intervention to be implemented in the fall. Shelly also helped design the curriculum for the peer support intervention that covered topics ranging from medication adherence to relapse. Shelly is currently working on a publication from her experiences in Jining that will describe how cultural factors such as stigma and family dynamics can leave those suffering from mental illness without a place to turn for social support opening the door for peer support. An abstract for this paper has been submitted to the Society of Behavioral Medicine.

In her own words Shelly summarized one of the key things learned during her experience in Jining-

“Language is crucial to communicating ideas. The term “shen jing bing” is interpreted to mean a psychiatric and biological condition by the medical community compared to the general population’s understanding of the term which conveys ideas of madness and incompetence. This disconnect illustrated the difference between disease and illness in the Chinese culture”.

Example of Resources/Tools Developed: Stigma Patient Interview Guide

