



# Peers for Progress

*Peer Support Around the World*

A program of the American Academy of Family Physicians Foundation

## Promoting Peer Support in China- 2011 Summer Highlights and Reflections

### PART I: INTRODUCTION

During the summer of 2011, Peers for Progress and collaborators from the Chinese Society of Behavioral Medicine (CSBM), the Chinese Diabetes Society- Diabetes Care and Education Group (CDS-DCEG), and the global Peers for Progress community convened a series of networking activities to promote peer support in China. This report provides highlights of key activities and resolutions that resulted from these meetings, as well as links to presentations on different aspects of peer support that were presented throughout the summer.



Peers for Progress began its summer in China with an invitation from Professor Gongying Li to visit the headquarters of the CSBM and Jining Medical University in mid July. During meetings with behavioral scientists and psychiatrists, Dr. Edwin Fisher (Global Director, Peers for Progress) explored opportunities for applying peer support in mental health.

Shortly after his meeting with Professor Li, Dr. Fisher visited Hefei City, Anhui Province, which housed the community-based peer support program for diabetes led by Dr. Xuefeng Zhong (Head of the Institute of Health Education, Anhui Provincial Center for Disease Control and Prevention; Peers for Progress in-country coordinator). A brief summary regarding the site visit in Anhui is provided in Part II.

In mid August, Peers for Progress attended and presented at the 2011 International Symposium on Diabetes Education and Management (2011 ISDEM). With support from Professors Xiaohui Guo and Zilin Sun (Leaders, CDS-DCEG), Peers for Progress also held a workshop on peer support in diabetes in China with the aim of moving towards a Chinese model of peer support. Peers for Progress, along with its grantee in Hong Kong Juliana Chan, Maurits van Pelt from Cambodia, Dr. Zhong from Anhui Province, and Professor Sun from Nanjing, shared both global and Chinese experiences in developing, implementing and evaluating peer support programs. Summaries and links to the presentations can be found in Part III.



In late August, Professor Brian Oldenburg (Head of the International Public Health Unit, Monash University; Peers for Progress grantee in Australia) and Dr. Zhong led a 2-day workshop in Beijing to address peer support in chronic disease management and provide hands-on experience in developing peer support programs. Hosted by Monash University, and Institute for Chronic and Noncommunicable Disease Control and Prevention, Beijing Center for Disease Control and Prevention (Beijing CDC), it was attended by twenty eight participants representing the municipal Beijing CDC and 11 Beijing district level CDCs.



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## KEY LESSONS LEARNED

- Growing awareness of health behavior and the importance of primary care in chronic disease management and prevention in China provide a dynamic context for emerging prevention and patient education activities. In this environment, peer support has risen as a viable approach to behavior change and disease prevention that is applicable to the primary care model of care and the Chinese culture and health care system.
- China seems to be one country with many systems, which underscores the concept that there is no “one size fits all” model for peer support programs. While cultural adaptations and tailoring are needed and should be included in future research, the four key functions of peer support are able to serve as an important framework for program development in China.
- In comparison with western countries, China’s government has a more critical role in the allocation of policy and financial resources for health systems. Therefore, engaging government agencies such as different levels of Chinese CDCs could be an effective way for the promotion and integration of peer support as a key part of health, health care, and prevention.
- Capacity building for health-related professionals (e.g., researchers, public health experts, & clinicians) and policy makers through training opportunities (e.g., workshops) can be an effective strategy to promote and disseminate peer support and its benefits. To be effective, these trainings need to address programmatic aspects of peer support programs and expand the knowledge and skills needed for chronic disease prevention and treatment.



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## PART II: SITE VISIT- ANHUI PROVINCE, AUGUST, 2011

In August, 2011, Ed Fisher visited the sites in Anhui Province and Hefei City of these programs. The enthusiasm of the professionals in the Community Health Centers and the peer supporters were all extremely impressive. Most impressive was the close connection between the two. Although the **activities** of the peer supporters are based much in the community (e.g., Tai Chi classes led by the man on the right of the accompanying picture and 5 am morning walking group led by the man on the left), they are closely linked to the primary care Community Health Centers. The staff of the Community Health Centers train the peer supporters and provide space for meetings and continuing back-up and reinforcement. When questions come up, the primary care staff are readily available to assist. This is also a two-way street. When the peer supporters were successful in getting more people to be interested in blood glucose testing, they let the health center know of the increased need and interest and the health centers responded by increasing from 2 to 4 the number of days per week available for free blood glucose testing.



When Fisher asked the peer supporters what they thought was the most important factor in the success of their program, they hesitated not a moment: “the close connection with the Community Health Center.”

This role of the Community Health Center represents a broader aspect of the role of primary care in China. In Hefei and many cities in China, housing is organized around worksites so that families live within walking distance of their employers and with their co-workers. Walking paths, exercise equipment, spaces for morning Tai Chi, and tables and chairs for congregating in common areas are widespread. With all of these enhancing social ties with and within the living settings, the Community Health Centers are also organized somewhat around these settings.



Interdisciplinary teams from the Health Centers are assigned to individual buildings or complexes. They make regular visits to these for preventive services and are generally available to residents when questions or problems come up. In the picture at left, the head of the Community Health Center Fisher visited in Hefei points proudly to a sign posted in the entrance to a condominium building that identifies the members of the team that serves that building and a 24/7 telephone number that residents can use to access care, get questions answered, etc.



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## PART III: 2011 ISDEM KEY PRESENTATIONS

**Title:** [Diabetes Self Management Education Evolution: Peer Support and the Peers for Progress Program](#)

*Edwin Fisher, Renee Boothroyd, and Maggy Coufal, Peers for Progress, USA*

Peers for Progress discusses the potential of peer support in addressing the needs of patients with diabetes. The discussion also includes a brief overview of Peers for Progress and its role in disseminating information on best practices for peer support programs.

**Title:** [Peer Support in Diabetes, Healthcare and Prevention](#)

*Edwin Fisher, Renee Boothroyd, and Maggy Coufal, Peers for Progress, USA*

Peers for Progress discusses details of peer support, including the four core functions and cultural considerations, along with example programs and lessons learned from around the world. The slides are in both English and Chinese.

**Title:** [Peer Leader Demonstration Project in Nanjing \(Chinese\)](#)

*Zilin Sun, MD, PhD, Zhongda Hospital, Medical School of Southeast University, China*

Professor Sun shares information on a community-based demonstration peer support program currently being conducted in Nanjing, China including training of peer supporters and a study design to assess program effectiveness. The results of this demonstration will be used to help integrate peer support and education into standard patient care in China. A program description in English is available [here](#).

**Title:** [Community-based Peer Support for Diabetes in Anhui Province](#)

*Xuefeng Zhong, MPH, DrPH, Anhui Provincial Center for Disease Control and Prevention, China*

Dr. Zhong shares details of a community randomized control trial of a peer support program in Anhui, China, including research design, challenges/lessons learned, and initial findings. It is a valuable source of information for other organizations hoping to start peer support programs in China.

**Title:** [Peer Educator Networks for Diabetes in Cambodia](#)

*Maurits van Pelt, MSc, LLM, MaPo Tsyo, Cambodia*

Mopo Tsyo in Cambodia introduces the structure and clinical/behavioral outcomes of their peer educator networks, which place special emphasis on peer education, support and self-management of diabetes and diabetes associated diseases (e.g. high blood pressure). This unique program is a good example of sustainability. The slides are in both English and Chinese.