Visitation Reflections- Taiwanese Models for Diabetes and Cancer

In early July, 2011, Peers for Progress attended and presented at the 1st Asia-Pacific Congress of Diabetes Education (APCDE) hosted by the Taiwanese Association of Diabetes Educators (TADE) in Taipei, Taiwan. In collaboration with TADE, Peers for Progress was able to meet with leaders and representatives of organizations actively sponsoring and/or managing peer support programs after the conference. This summary intends to highlight key lessons learned and reflections, as well as share several presentations by the organizations visited with.

Part I: Key Lessons Learned and Reflections

Taiwan has a long history in utilizing support groups as a strategy to encourage patient education and self management. Facilitated by health professionals or trained peer supporters, these groups often become a critical mechanism for people to receive peer support in their daily lives. Notably, the Taiwanese government has taken a proactive role in encouraging this type of intervention for chronic disease prevention and management (diabetes in particular) by helping public health centers implement peer support groups and sponsoring a network of peer support organizations for diabetes (Taiwanese Association of Persons with Diabetes, TAPD), as well as providing regional and nationwide training and networking opportunities for quality improvement.

In addition to community-based and institution-based peer support models, there are also hospital-based programs in which health care providers from a hospital help patients start peer support groups, and groups with a strong linkage to primary care through public health centers. Below are highlights from the APCDE and our meetings.

- Taiwan has very impressive diabetes self-management programs focusing on patient empowerment and psychosocial approaches. For example, at the APCDE, Dr. Yu-Chan Li from National Taiwan Normal University presented a quasi-experimental study that provided older adults with diabetes 12 weekly telephone consultation with solution-focused brief therapy and resulted in significant improvements on clinical indicators such as HbA1C (p=.005), DM self-efficacy such as mean of self-efficacy (p=.006), and quality of life like the mean of social relationship (p=.014). The emphasis and accomplishments on self-management and empowerment provide solid foundation for promoting peer support for diabetes.

- During the discussions, representatives of programs often described peer support group activities as “functions” which coincide with the four key functions of peer support identified by Peers for Progress and outlined in the 2010 Family Practice Supplement: i) Assistance in applying disease management or prevention plans in daily life; ii) Emotional and social support; iii) Linkage to clinical care; and iv) Ongoing support.

- “Linkage to care” is critical to programs’ success, as demonstrated by our visit to the Sinhe District Public Health Center where members of peer support groups indicated a desire for their primary care providers to attend the group meetings hosted by the Center. This would allow peer supporters to focus on sharing experiences while clinical questions regarding diabetes self-care could be directed to the providers. This parallels similar findings in the community-based program settings in which the “close connection with the Community Health Center” is the most important factor to the success of a program in Anhui led by Dr. Xuefeng Zhong. In contrast to the Western perception of provider participation in peer support-related activities stifles autonomy. Chinese in general may consider it as an asset.
Infrastructure and evidence of impact matter for sustainability. The Taiwanese government and primary care system support the development of peer support programs (diabetes in particular), which creates opportunities for integrating peer support as a routine part of prevention and health care. However, continuation of this type of support requires solid evidence demonstrating the impact of peer support programs, which seems to be a future focus both for organizations and the government from a perspective of sustainability.

It appears that there is an increasing utilization of telemedicine technology in diabetes care, which offers opportunities for family involvement in peer support interventions, web-based peer support and monitoring, as well as extended reach to high-risk populations.

Emerging issues include how to select, train and support peer supporters, how and what to evaluate, when and how to involve and or integrate peer supporters into clinical teams.

Part II: Key Presentations

**Title:** The Experience of Promoting Peer Support for Diabetes in Taiwan  
**Presenter:** Ms. Liang-Chung Chen, Chairman

The Taiwanese Association of Persons with Diabetes (TAPD)- a network organization for Diabetes peer support programs supported by Bureau of Health Promotion- shares their experiences with peer support through specific case studies of programs throughout Taiwan. Examples include a children’s summer camp and a community-based program for Taiwanese aborigines.

TAPD website: [http://www.tapd.tw](http://www.tapd.tw)

**Title:** Linkage to Primary Care: A Taiwanese Model  
**Presenter:** Dr. Hseuh-Cheng Sun, Director

The Sinshe District Public Health Center offers an introduction to their peer support program for patients with diabetes with a strong linkage to primary care. The presentation includes a brief overview of the participants, program activities and organization, and roles and responsibilities of peer supporters.


**Title:** Taiwanese Hospital Based Example: Min-Sheng General Hospital  
**Presenter:** Ming-Han Tsai, MD, Chief of Endocrine and Metabolism

Min-Sheng General Hospital of Taiwan introduces their hospital based peer support program, Diabetes Health Club, and how the program, along with the utilization of telemedicine (SMART CARE) and multidisciplinary care through a system of centralized location, to improve self management of patients with diabetes.

**Title:** Taiwan Breast Cancer Alliance  
**Presenter:** Ms. Gloria Wei-Chieh Lin, Founder/CEO

Founded in 2002, Taiwan Breast Cancer Alliance, a nonprofit organization with 700 volunteers and 15,000 members, shares its comprehensive approach to addressing the needs of women with breast cancer and influencing government policy, including ongoing support, health education, family and spouse involvement, partnership with the providers, and advocacy.

Campaign video: [Watch a video](#)

**Title:** Hospital Based Example: National Taiwan University Hospital  
**Presenter:** Ms. I-Ching Wang, RN, CDE

National Taiwan University Hospital shares information on their peer support program, including information on the organizational structure of the program, roles and responsibilities of peer supporters, and a snapshot of recent activities. The presentation is a good case study of a hospital-based peer support program in Taiwan.

Department of Internal Medicine, National Taiwan University Hospital website: [http://www.ntuh.gov.tw/Med](http://www.ntuh.gov.tw/Med)

**Title:** Taiwanese Hospital Based Example: Changhua Christian Hospital  
**Presenter:** Shi-Te Tu, MD, President of Diabetes e Institute, and Ms. Chiao-Yun Chen, RN, CDE

The Changhua Christian Hospital of Taiwan shares the details of their peer support group for patients with diabetes. The presentation also offers an overview of their comprehensive diabetes education integrating with an innovative telehealth care program, which allows both patients and their family members to have access to needed information anytime and anywhere.

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