

SYMPOSIUM

Ongoing Support for Health: Impacts of “organizational home” on sustainability of peer support programs

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Introduction & Overview

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Peers for Progress

Peer Support Around the World | DIABETES

Acknowledgments

Colleagues and our broader Learning Community . . .

- ❖ Ed Fisher, PhD, Global Director of Peers for Progress
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- ❖ Peers for Progress Team Members and Faculty Advisors at University of North Carolina at Chapel Hill (UNC-CH) and the American Academy of Family Physicians Foundation

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Outline

- Introduce peer support and its contribution to health
- Frame organizational features of context that influence fit, scaling-up, and sustainability of peer support programs
- . . . In the context of *Peers for Progress*, describe organizational-home case studies of peer support programs
- Examine strengths and challenges of peer support in the context of community and clinical organizations and systems

Complexity of Chronic Disease Management

- Chronic diseases such as diabetes affect all aspects of people's lives, all the time, for the rest of their lives
- [Sustained] behavior change is influenced by dynamic and evolving “real-world” conditions
 - Medical treatment is critical - but often not enough for people to master and maintain the kinds of everyday behaviors that enable them to live as healthily as possible.
 - Improving self-management will have far greater impact on population health than any improvement in specific medical treatment (WHO, 2003)

What and Why: Support

- Ongoing follow-up and support are critical to behavior change
 - Self management & metabolic control: the *only* predictor of success was the **length of time over which contact was maintained** (Norris et al., *Diabetes Care* 2002 25: 1159-1171.)
 - Smoking: success associated with personal assistance repeated in different forms by several sources **over the longest feasible period** (not novel/unusual interventions (Kottke et al., *JAMA* 1988 259: 2882-2889; Fiore et al. *Treating tobacco use and dependence. USDHHS, 2000*) (AHRQ meta-analysis)
- Even with 6 hours per year with a doctor, that leaves over 8000 hours per year “on-your-own” to manage complex behaviors for staying healthy

Case for Social & Peer Support

Self-management = Point of Care + Beyond!

With **8760+ hours “on their own”** annually, people need

- Help figuring out what changes and strategies might work in her/his daily life
- Skills to put these things into practice
- Ongoing encouragement and support – for day-to-day needs and when things change
- Community linkages and resources
- Help tying this all together with good clinical care



Peer Support

Peers For Progress

Lilly



Peers for Progress

Peer Support Around the World | DIABETES

A program of the American Academy of Family Physicians Foundation



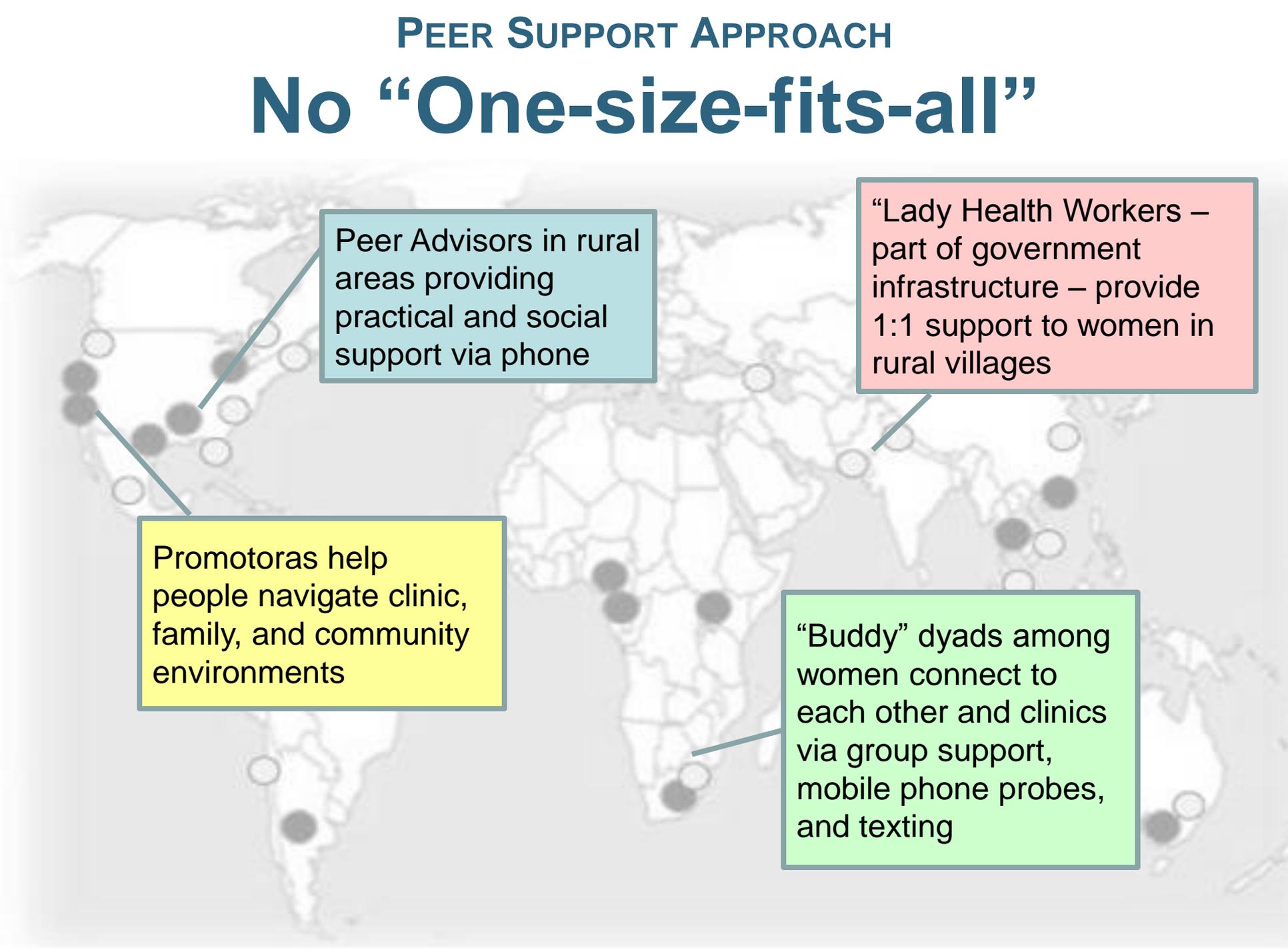
UNC

GILLINGS SCHOOL OF
GLOBAL PUBLIC HEALTH

- Responsive both to the need for/promise of peer support and need for further research
(Boothroyd & Fisher, Family Practice 2010 27 Supp 1: i62-68)
- Mission: Accelerate and promote best practices in peer support as a regular part of health, health care, and prevention around the world
- Doing so requires attention to
 - Evidence and evaluation (research and practice)
 - Global networking (identify and exchange models, tools, materials)
 - Advocacy and promotion

PEER SUPPORT APPROACH

No “One-size-fits-all”

A world map with several callout boxes pointing to different regions. The boxes contain text describing peer support approaches in various parts of the world. The map is light gray with white outlines for continents and countries. The callout boxes are colored: light blue, light red, light yellow, and light green. Lines connect the boxes to specific locations on the map.

Peer Advisors in rural areas providing practical and social support via phone

“Lady Health Workers – part of government infrastructure – provide 1:1 support to women in rural villages

Promotoras help people navigate clinic, family, and community environments

“Buddy” dyads among women connect to each other and clinics via group support, mobile phone probes, and texting

Peer Support: Key Functions

1. **Assistance, consultation in applying management plans in daily life**
2. **Social and Emotional Support**
 - a) Encouragement of use of skills, problem solving
 - b) Personal relationships
 - c) Social networks and community resources
3. **Linkage to clinical care**
 - a) 2-way relationship between peer program and providers
 - b) Peers encourage use of clinical care
 - c) Advocacy for enhanced clinical care (and other community resources)
4. **Ongoing support, extended over time**
 - a) Proactive contact and ad lib access to peers
 - b) Negotiated plan for support
 - c) Variable frequency/intensity over time as needs of recipients change, evolve

So What?

- ✓ Common functions guide [ongoing] program development for functional coherence across projects

Standardization



Relevance/Fit

- ✓ Common functions offer a framework for adaptation, local direction, ingenuity, and flexibility

Opportunities for Providers

- ❑ Integrate peer support as a powerful outreach and engagement strategy for enhanced systems to care (e.g., Community Oriented Primary Care and Patient Centered Medical Home (PCMH) activities)
 - ✓ Culturally sensitive outreach and follow-up
 - ✓ Enhanced access to and team-based care
 - ✓ Coaching patients to assume more active roles in health care
 - ✓ Enhanced communication between patients and providers

Issues/Challenges

- Practical (e.g., financial and human resources in this economy, impacts on recruitment, retention)
- Organizational (e.g., logistics for organizational partnerships, capacities among others, acceptance of “expanded” care teams, payment/ reimbursement)
- Programmatic
 - Quality control (content and process)
 - Availability and innovative use of technologies among lower- and higher resourced settings
 - Cultural issues (e.g., relationships with health care providers; lack of physician buy-in regarding need for active patient participation in ongoing management)



- Peer coaches and participants part of safety-net clinics in San Francisco, CA area
- Coaches intended to be part of clinic teams – *promote shared communication of treatment plans? Coordinate support around appts? Integrate with clinic structure?*
- Yet most interactions ended up being by phone or in community settings . . .

Care Companions

- Primary care, physician-centric group of 30 clinics in TX and FL; Medicare/Senior population; 15 practices in project
- Care Companions (mentors) identified from patient pool, trained, engage in clinic-based group sessions with patients
- In clinic setting, not “medicalize” support, but make it fun, social, “fiesta” (not another health care visit)
- Medical care vs. empowerment mindset of staff ➡ Nurse training
- “Activated patient” meant more engagement (aka questions) ➡ Provider training to anticipate and handle that



Dimensions of Peer Support Programs: Sample Considerations for Program Development & Sustainability

Community action and organization approach	↔	Individual, direct service approach
Community-based	↔	Clinic-based
Under resourced community and modest health system	↔	Highly resourced community and extensive health system

** Excerpted feedback from Peers for Progress Global Peer Support Research Meeting with 60+ participants from 20+ countries in Kuala Lumpur, Malaysia, October 2010*

Some interesting questions . . .

For any organization, systems, infrastructure . . .

- Key features of organizational culture, readiness?
- Champion? [*relevant*] Leadership? Staff oversight?
- Demonstrating [*relevant*] value (on the front end and regular, recurrent feedback loops that provide information deemed important by stakeholders)
- Opportunities to fit/integrate with existing infrastructure, procedures, programs – in ways that make sense and are of value to stakeholders?

Outline *Revisited*

KEY OVERVIEW IDEAS:

(i) peer support can attend to needs for ongoing support for behavior change; (ii) common functions of peer support facilitate both coherence and adaptation across global context; and (iii) across contexts, organizations offer both strengths and challenges for delivering and sustaining peer support programs

- Organizational-home case studies of peer support:
 - Monika Safford, ENCOURAGE in rural Alabama
 - Guadalupe X. “Suchi” Ayala, PUENTES in Imperial County, California
- John Elder and Ed Fisher (Discussants) - Examine strengths and challenges of peer support in the context of community and clinical organizations