



MONASH University

Medicine, Nursing and Health Sciences

The Australasian Peers for Progress Diabetes Project: Features of a community based program

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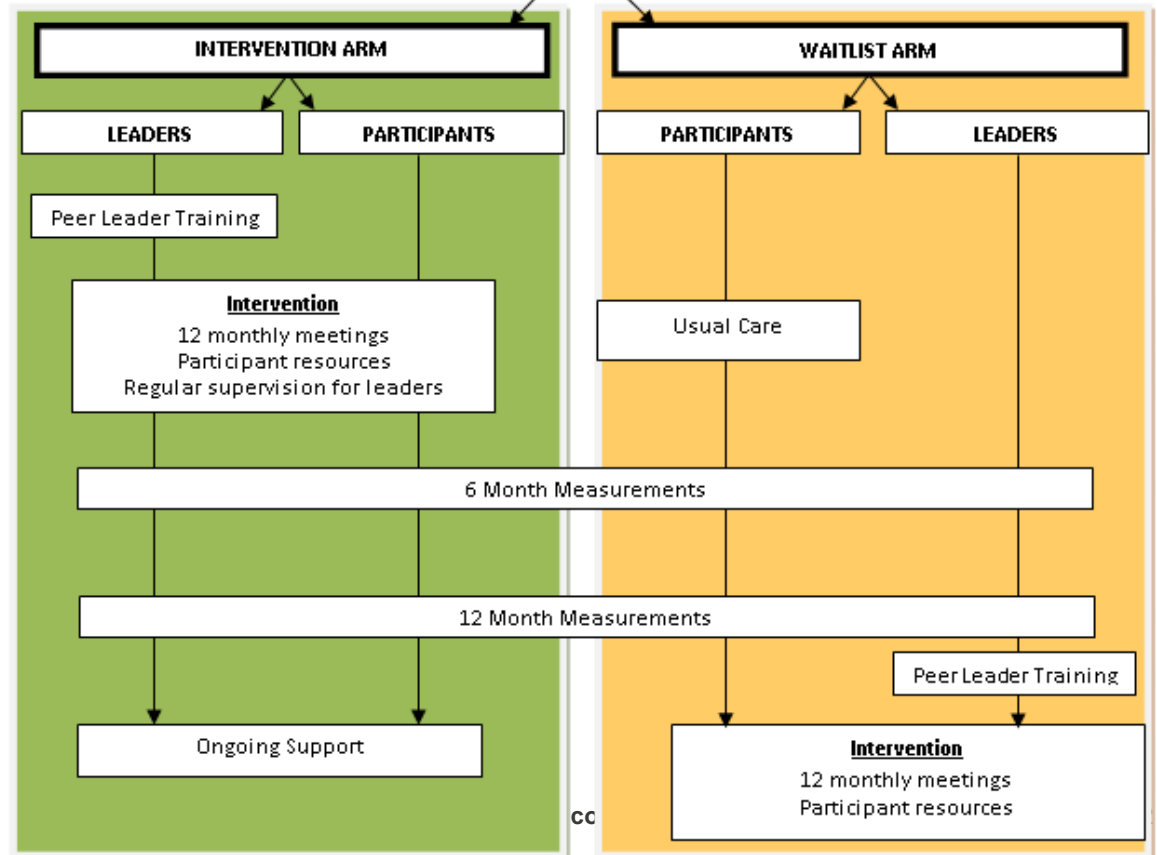
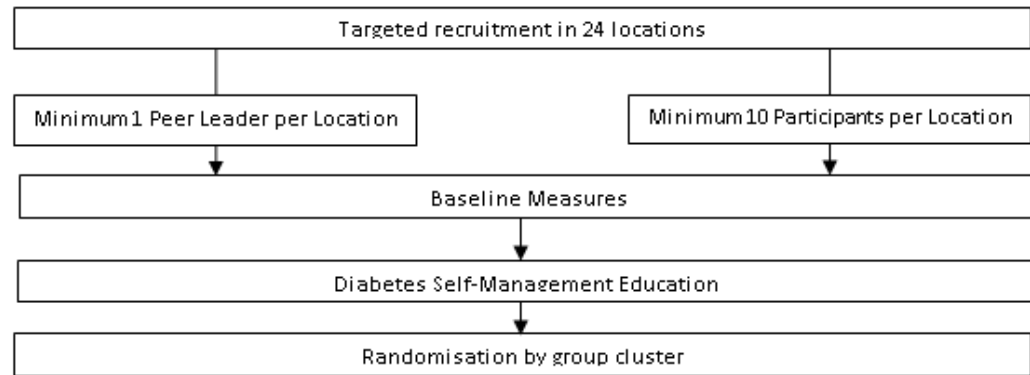
Australasian
**PEERS FOR
PROGRESS**
Diabetes Project



Study design



- Conducted in metropolitan and regional locations in the state of Victoria, Australia
- RCT of peer led, community based peer group support
- Recruitment by post using state based registry of people diagnosed with diabetes (all types)



Baseline characteristics

Participants	
N	285
Gender	148 (52% male)
Regional	116 (41%)
Age (median)	62 yrs (95% CI: 61, 63)
Age at diagnosis (median)	54 yr (95% CI: 52.3, 55)
Duration of diabetes (median)	8yr (95% CI: 7, 9)
Mean BMI \pm SD (n=222)	31.8 \pm 6.4
Mean HbA1c \pm SD (n=243)	7.2 \pm 1.2

Study design

Peers for Progress INTERVENTION components

PEER LEADERS

2.5 days group facilitation training

Resource Manual

Ongoing support and supervision from the research team:

* Weekly teleconferences

* Weekly newsletters

* Research team available for questions and support at all times

PARTICIPANTS

Group meetings led by trained peer leaders

Resource Workbook which includes action planning, goal setting, diabetes management information and links to further resources.

Website

Additional Resources and Supports:

* Regular "check in" phone calls from Leader (min. once per month)

* Monthly newsletter from Project Team

* Relaxation CD, BeyondBlue depression DVD, Education DVD

* Opportunistic activities with peers and/or leader between meetings

PARTICIPANT OUTCOMES

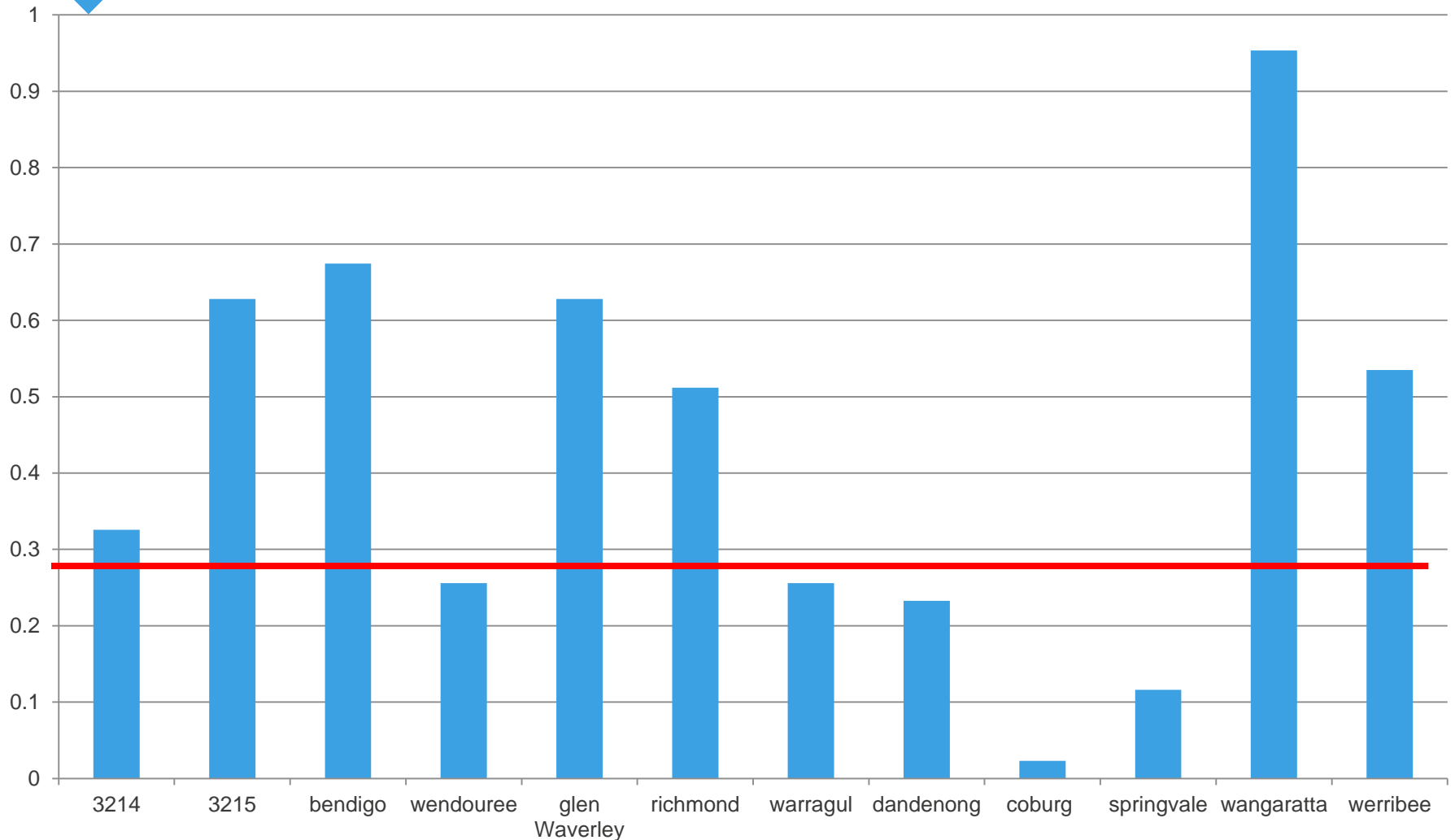
4 KEY OUTCOMES FOR PARTICIPANTS

1. Assistance and consultation in applying diabetes management plan in daily life
2. Ongoing social and emotional support
3. Linkages to and assistance in gaining access to clinical care
4. Ongoing availability of support

Features of Peer leader support

- 2.5 days training
 - Group facilitation
 - Group maintenance
 - SMART goals
 - Use of the program resources
- Weekly teleconference
- Weekly e- newsletter
- Mentor day
 - Role play for issues confronting leaders in group
 - Presentation on Happiness
 - Presentation on 10,000 steps

% attendance at weekly teleconference per group



Total number of teleconferences = 43

Expectation to attend teleconference at least once every month i.e 12 conference calls (28%)

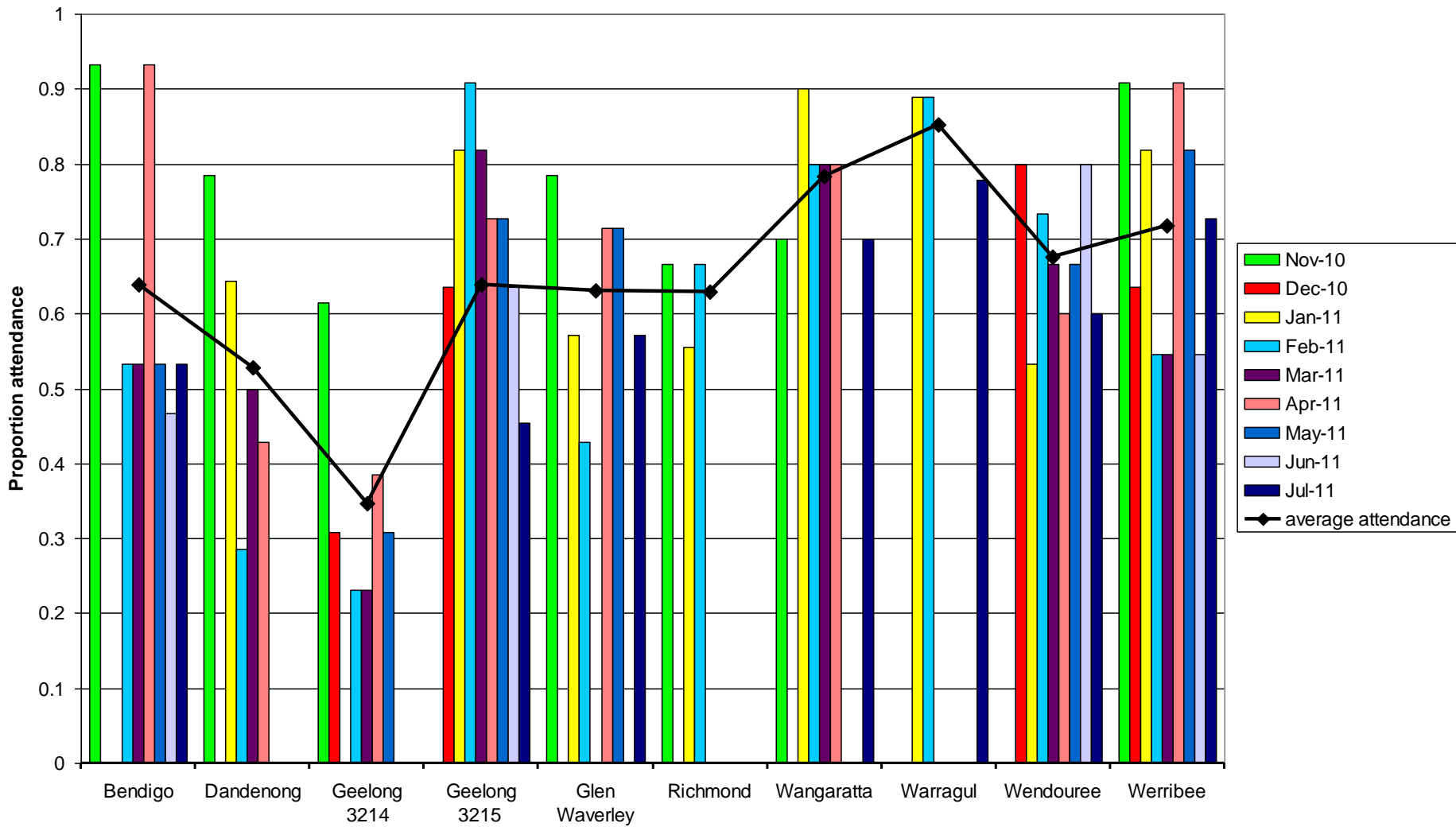
Mentor day evaluation

- Role play sessions:
 - *“.....sessions were spot on, they directly related to issues leaders face and gave strategies on how to handle scenarios many of us have already faced in the group, like how to handle dominant group members and difficult behaviours”*
- Goal setting:
 - *“..... our group has really been struggling with goal setting so it was great to discuss and see how other groups have been doing goal setting, and it was good to know we are not the only ones who have been struggling with this.”*

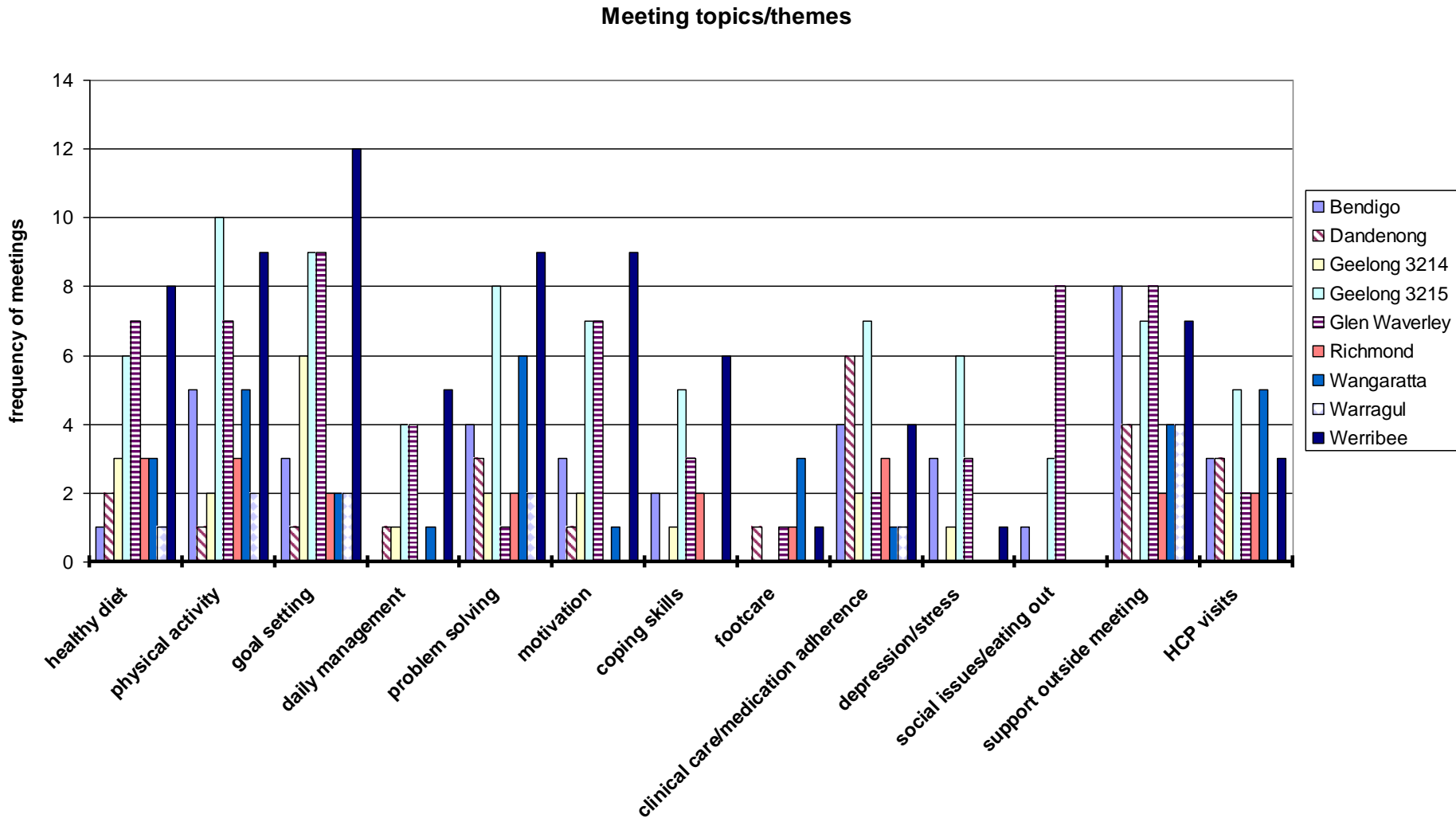
Group meetings

- 11 groups + pilot group, 4 groups had leader pair.
- Met for (at least) 90 min once per month (12 meetings by Dec 2011)
- First meeting time/place by consensus participation, subsequent meeting time/day agreed by group
- Leader participated in organising meeting location (local community/neighbourhood house, church hall)
- Meeting topics, themes and visitors driven by group needs/interests
- Leader asked to contact participants
 - *Before each meeting*
 - *After meeting if participant absent*
 - *Occasionally during the month*
- Leader complete & submit contact record
 - After each meeting to record attendance, meeting content
 - For each out of meeting contact

Meeting attendance



Meeting topics/themes



Key peer support function # 1

Assistance to apply diabetes management plan in daily life

- Group discussion:
 - Healthy eating/diet
 - Physical activity
 - Taking medication
 - BGL monitoring
 - Setting goals/action planning
 - Getting through social occasions
- Password protected website with vignettes from self management education sessions
- Promote additional group activities such as
 - walking groups
 - going to exercise classes together



Key peer support function # 1

Assistance to apply diabetes management plan in daily life

“Everyone comes to the meeting with their education manual and most of the information we need is in that book so we understand that the information is out there and the group will help us figure out how to use that information and manage better” – peer leader

- *Participant feedback about the group:*

“Better control of Diabetes with support and encouragement”

“Gained knowledge on being healthy”

“Learning to change my lifestyle”

“Motivated to attend exercise sessions”

“Learnt new ideas from peers on better management”

“Learned useful things- Healthy Eating Booklet”

“Goal setting to improve my diabetes management”

Key peer support function # 2

Provide social and emotional support

- Group discussion:
 - Coping
 - Depression/anxiety stress
 - Motivation
 - Problem solving
 - Social/family interactions
 - Happiness and well being

- Support outside the meeting (Telephone, email, F2F)
 - Peer leader – participant
 - Participant – participant

- Promote group activities such as
 - walking groups
 - going to exercise classes together

Key peer support function # 2

Provide social and emotional support

- *“I phoned the group members to tell them about J..., 3 of us went to the funeral and a card was signed by everyone in the group. Everyone was shocked when they heard but then we talked about her positive contributions to the group and her own positive action towards her diabetes management ”*
- *“A social contact...a walk around the lake....distance is about 1.5km, flat footpath....but with arthritic hips and bad backs etc it was an achievement for some and easy for others but we were there to do it and the challenge is to do it again”*



Key peer support function # 3

Linkages to and assistance in gaining access to clinical care

- 99% of participants have own physician
- 62 % of participants at baseline had GP management plan
- 53% of participants have private health insurance
- Health care professionals attended group meetings
 - HCP visits organised by peer leader
 - Driven by group needs
 - Promotes/enables contact and connection with local providers and community health services
 - Service available to group members, how to access the service,
 - Questions from group members

	GP	DE	Dietician	Psychologist	Podiatrist	Exercise physiologist	Pharmacist	Supermarket tour
# grps	2	9	10	2	3	2	2	4

Key peer support function # 3

Linkages to and assistance in gaining access to clinical care

- *“Quite a few members have struggled with their own GPs in terms of giving the support and encouragement and direction I guess that they needed and in fact a couple of them have finally bitten the bullet in the last few meetings and decided to go to another practitioner and have actually found that to be a positive move, for some people that’s been really difficult as they’ve been with the GP for most of their life and to have to make that move is quite a difficult thing to do but with support from the group members are realising it has been for their own benefit.”*

Key peer support function # 4

Ongoing sustainable groups

- Six groups wish to continue meeting, five of which are from regional locations
 - Most will invite new members to join, talked about sustainability and need for new ideas and experiences
- Several have established close integration and support from the local community health services.
 - Program to supplement and support their management strategies relieving demand on scant public resources for self-management assistance
 - Provide advice and clinical support to group members at meetings and thus increase the reach of their clinical advice to a wider audience.
- Diabetes Australia –Vic has undertaken to support groups who wish to continue meeting
 - Group funds & public liability insurance, promote continued use of regular teleconferences between leaders and opportunities for them to mentor new leaders

Challenges

- Recruitment of peer leaders and participants
 - Use of registry helpful to identify potential participants
 - Mail recruitment strategy yielded approximately 8% response rate with 4% successful enrolment rate
- Goal setting and follow up actions in group meetings
 - Leaders need to understand behaviour change before they can support it
- Participation of local health providers at meetings
 - Evening meetings = payment or agreed time in lieu from employer
- Tracking intervention fidelity and outcomes of group meetings
 - Goal setting/achieving/problem solving
 - Contact record submission by leaders

Conclusions

- Group meetings
 - Discussed and promoted key behaviours for effective diabetes self management strategies
 - Community based group
 - Facilitated linkages and relationships with local health providers
 - Support community based activities
 - Provide social and emotional support to members
- Additional resources
 - Education manual, participant workbook provided up to date information for access during group meetings
 - Website provided additional information based on requests from participants as well as education vignettes for review and revision
- Regular teleconference support of the peer leaders may increase sustainability of the groups
- Organisational involvement of Diabetes Australia – Vic enhances wider community based opportunity for scaling up of the intervention