Diabetes, Depression, Multi-Morbidity and Health in the 21st Century

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National Peer Support
Collaborative Learning Network
December 13, 2012

www.peersforprogress.org
**A Familiar Individual Case History:**

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<th>Age</th>
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Topics – Themes

1. Peer Support and Peers for Progress
2. Multimorbidity and Health
3. Practical Approaches to Psychosocial Distress in Peer Support
4. Affordable Care Act
5. Next Steps for Network
What is basis of humans’ attachments to each other?

Freudian – Attachment to mother outgrowth of oral attachment

Behaviorism – Attachment based on association of mother with food

Harlow: Valuing interactions and closeness with others (“Contact Comfort”) is fundamental characteristic of primates

Fundamental Role of Social Connections and Support

Human beings are more effective and happier when they have someone

• they can talk to about personal matters
• who cares about them
• who can help them when they need help

The risk of death associated with social isolation is greater than the risk associated with cigarette smoking

Holt-Lunstad, Smith, & Layton PLOS Medicine, 2010, 7: July e1000316 www.plosmedicine.org
Chronic Disease – 8,760

8,766 = 24 X 365.25

6 hours a year in a doctor’s office or with other health professional.

8,760 hours “on your own”

- Sleep!!!
- Healthy diet
- Physical activity
- Monitor status
- Take medications
- Manage sick days
- Manage stress – Healthy Coping
- Arrange medical appointments and testing
8760 – Evidence

• Only predictor of reduced HbA1c in diabetes self management: Length of time over which contact was maintained (Norris et al., *Diabetes Care* 2002 25: 1159-1171.)

• Psychosocial interventions > 3 mos more effective in depressive Sx, QOL (Forsman Health Promo Int 2011 26: i85-i107)


• Meta-analysis of Smoking Cessation by Kottke (*JAMA* 1988 259: 2882-2889)

  “Success was … the product of personalized smoking cessation advice and assistance, repeated in different forms by several sources over the longest feasible period.”
Diabetes Self Management **Support** as well as Diabetes Self Management Education

- **Diabetes Self Management Education:**
  “Improvements in outcomes diminish after ~ 6 months”

- “Most patients need ongoing diabetes self management support to implement and sustain the behaviors needed to manage their illness.”

Peer Supporters as Sources of Self Management Support

- Not professionals
- Often have the health problem they are assisting with – e.g., people with diabetes helping others with diabetes
- Share perspectives, experience of those they help
- People believe them because they are “like me”
- Can teach how to implement basic self management plans (e.g., healthy diet, physical activity, adherence to medications)

- Have time!!!
Key Functions of Peer Support

1. Assistance, consultation in applying management plans in daily life
Assistance in applying management plan in daily life

- Problem
- Plan
- Action Implementation

- Doctor Educator Nurse
- Peer Supporter
Key Functions of Peer Support

1. Assistance, consultation in applying management plans in daily life
2. Social and Emotional Support
3. Linkage to clinical care and community resources
4. Ongoing support, extended over time

“Standardization by function, not content”
Peer Support in Cameroon
Jean Claude Mbanya, President, International Diabetes Federation
University of Yaoundé and Central Hospital, Yaoundé

Assistance in Daily Management  Group meetings, individual contacts (5 per month), and varied activities, e.g., group meals to demonstrate healthy diet, group exercise

Social and Emotional Support  Could discuss with Peer Supporter topics unable to discuss in group or with professionals

Linkage to Clinical Care  Peer Supporters not clinicians but motivational link between participants and clinical care; Accompany patients to clinic visits

Ongoing Support  Developed to be continued indefinitely, e.g., convenient locations, only modest honoraria for Peer Supporters

Impacts: over 6 months
BMI: 28.6 - 25.5  SBP: 142 – 124  HbA1c: 9.6 - 6.7%

www.peersforprogress.org
Peer Support For Self-Management Of Diabetes Improved Outcomes In International Settings

ABSTRACT Self-management of diabetes is essential to reducing the risks of associated disabilities. But effective self-management is often short-lived. Peers can provide the kind of ongoing support that is needed for sustained self-management of diabetes. In this context, peers are nonprofessionals who have diabetes or close familiarity with its management. Key functions of effective peer support include assistance in daily management, social and emotional support, linkage to clinical care, and ongoing availability of support. Using these four functions as a template of peer support, project teams in Cameroon, South Africa, Thailand, and Uganda developed and then evaluated peer support interventions for adults with diabetes. Our initial assessment found improvements in symptom management, diet, blood pressure, body mass index, and blood sugar levels for many of those taking part in the programs. For policy makers, the broader message is that by emphasizing the four key peer support functions, diabetes management programs can be successfully introduced across varied cultural settings and within diverse health systems.
Enhanced Quality and Availability of Peer Support Worldwide

Facilitate Regional Networks for Program Adoption

Tools, Website, & Networking for QI, Knowledge Sharing

Consultation and Training for Program Development

Evidence Base, Key Information Source on Peer Support

“Go to” Source on Peer Support

Peers for Progress
Peer Support Around the World

www.peersforprogress.org
Peers for Progress
A Learning Community of Peer Support

Peers for Progress is building a Global Network of Peer Support Organizations, and invites you to join in this global endeavor.

JOIN THE GLOBAL NETWORK

peersforprogress.org
Peer Support Works

Practical, social, and ongoing support from “people like me” is a powerful tool for managing health. Peer support improves health outcomes, quality of life, and costs associated with health care.

>READ MORE ABOUT THE SCIENCE BEHIND PEER SUPPORT
Benefits of Emotional Expression
In Anhui Province, China

"When I knew I had diabetes, I felt upset and that my life is meaningless. When I joined the peer support program, I found that many people have the same illness as me, but they lived very well. Some are more than 80 years old. This encouraged me. I also can live long and healthy if I can control my blood sugar and managed my life suitably." (61-year-old female)

"I feel that the 'Peer Group' is like my second family. The people in the group are so kind. Normally, I did not like to talk about my illness with other people, but in here I can talk about my disease. We also discussed diet, activities, medicine and blood sugar control...." (66-year-old female)
Questions?
Topics – Themes

1. Peer Support and Peers for Progress
2. Multimorbidity and Health
3. Practical Approaches to Psychosocial Distress in Peer Support
4. Affordable Care Act
5. Next Steps for Network
Separate but Comorbid

Diabetes

- Etiology:
  - Genetic
  - Metabolic
  - Obesity
  - Dietary

Depression

- Etiology:
  - Genetic
  - Developmental
  - Social
  - Psychological
# A Familiar Individual Case History:

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Complex Disadvantageous Development and History: Biological and Psychological Manifestations

- Communities
- Organizations
- Housing
- Social Networks
- Families
- Behavior
- Early Development
- Inflammatory Processes
- Metabolism
- Epigenetics
- Genetics

- Biological Disorder e.g., Diabetes
- Psychological Disorder e.g., Depression
Biological and Psychological Expressions of Disadvantageous History and Development

Biological Disorder
- e.g., Diabetes, Asthma, CHF, CVD

Psychological Disorder
- e.g., Depression, Anxiety Disorder, Personality Disorder

Complex of Developmental, Biological, Psychosocial Determinants
- Communities, Organizations
- Housing, Social Networks
- Families, Behavior
- Early Development
- Inflammatory Processes, Metabolism
- Epigenetics, Genetics

www.peersforprogress.org
The Face of 21st Century Illness Burden

- Biological Disorder: e.g., Diabetes, Asthma, CHF, CVD
- Psychological Disorder: e.g., Depression, Anxiety Disorder, Personality Disorder
- Complex of Developmental, Biological, Psychosocial Determinants:
  - Communities, Organizations
  - Housing, Social Networks
  - Families, Behavior
  - Early Development
  - Inflammatory Processes, Metabolism
  - Epigenetics, Genetics

Morbidity, Disability, Mortality, Costs
Range of Interventions for Depression

• Self Management
  (Mao, Persp Psychiat Care 2012 48:218-224)

• Bibliotherapy, Internet

• Coping and resiliency training
  (Gillham J Clin Child Adolesc Psychol 2012 41: 621-639)

• CBT, IPT

• Stepped Care, Care Management
  (Dozeman Int Psychoger 2012 24: 1242-1251; Ciechanowski et al. JAMA 2004 291:1569-1577)

• Social Activities
  (Forsman Health Promo Internat 2011 S1: i85-i107)

• Problem Solving, Activation
Range of Psychosocial Distress

- Daily Stressors, Hassles
- Normal Distress, e.g., following Diagnosis of Diabetes
- Enduring Personal Styles, e.g., “High Maintenance”
- Diagnosable Problem, e.g., Depression, Anxiety Disorder
- Hard to Treat, Refractory Problems
Breadth of Treatment of Psychosocial Distress

<table>
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<tr>
<th>Community Health Workers</th>
<th>Support Groups, Self Management Groups</th>
<th>Counseling by general staff, Educational group</th>
<th>Specialty care – psychology, psychiatry</th>
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Enduring Personal Styles, e.g., “High Maintenance”
“You know, when I have a patient who has been depressed and becomes diabetic, I breathe a sigh of relief.

“When they are depressed, all I have is Prozac and ‘good luck,’ but when they become diabetic, they become eligible for a structure of integrated treatment, self management, and support.”
Mental Health Paradox

• Behavior therapy/modification of the 1960-70s major source for “self management”

  Self Control – Power to the Person
  Mahoney & Thoresen, 1974

• PubMed (12/12/12)
  “self management” & “diabetes”: 2,073
  “self management” & “depression”: 537
The Face of 21st Century Illness Burden

- Biological Distress or Disease, e.g., Diabetes, Asthma, CHF, CVD
- Psychological Distress or Problem, e.g., Depression, Anxiety Disorder, Personality Disorder
- Complex of Developmental, Biological, Psychosocial Determinants
  - Communities, Organizations
  - Housing, Social Networks
  - Families, Behavior
  - Early Development
  - Inflammatory Processes, Metabolism
  - Epigenetics, Genetics

↑↑↑ Morbidity
↓↓↓ Disability
↓↓↓ Mortality
↑↑↑ Costs

Peer Support May Help
Community Health Workers in Pakistan – CBT for Post-Partum Depression

Basic Health Units:
15,000 – 20,000 people
Physician, midwife, vaccinator
15-20 CHWs, “Lady Health Workers”
Responsible for ≈ 100 households
Primarily general health education and preventive maternal and child care
≈ 96,000 CHWs cover 80% of Pakistan rural population
Community Health Workers in Pakistan –
CBT for Post-Partum Depression, cont.

40 Communities randomized to intervention and usual care
All women entering 3rd trimester evaluated for depression
463 out of 1787 (26%) meeting DSM-IV criteria for major depression offered CBT in intervention communities
Manual based intervention, “Thinking Healthy Programme”
• Active listening
• Collaboration with family
• Questioning to promote change in beliefs thought to engender depression
• Homework

Integrated into regular CHW care
• Weekly in last month pre-delivery
• 3X in 1st postnatal month
• 9 monthly sessions thereafter

Peer Support, Psychological Distress, and Hospitalizations (Under Review)

• 17% of sample with distress scores above norm → 35% of hospitalizations

• Intervention: Care Management with/without Peer Support

• Among those with distress above norm:
  – Care Management without Peer Support: sharply elevated rate of hospitalization (approx 55% in 2 years)
  – Care Management + Peer Support: hospitalizations same as among those with normal distress scores (approx 18% in 2 years)
Questions?
Topics – Themes

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If you were upset, would you rather talk about it with:

• Someone who answers all your questions with another question and calls 50 minutes “an hour”

OR

• Someone who likes talking with you, remembers the names of your children, tells you that you are OK, and says they are pretty much happy to talk with you whenever you need
Problem Solving – Link of Disease Self Management and Healthy Coping

• Problem solving:
  – Pinpoint problem
  – Brainstorm solutions
  – Try a plan, Evaluate
  – Revised plan, Try again

• Disease self management: diet, physical activity, adherence, etc.

• Healthy Coping: healthy interpersonal relationships, stressors, conflicts, distressing thoughts and feelings, etc.
Peer Support for Psychosocial Distress

1. Establish rapport
2. Establish willingness to discuss issues other than those specific to diabetes management
3. Problem solving
4. Encouragement of primary and referral care
Peer Support for Psychosocial Distress

1. Establish rapport
   - Rapport is task #1 for all peer support objectives
   - Willingness to listen to the extent that patient appears to need to describe their situation
   - General non-judgmental attitude, acceptance: diabetes management is hard
   - Interest in general features of patient’s life – work, interests, family, background, etc. (careful not to appear intrusive)
   - Take time to get to know patient, as opposed to premature focus on management details
Peer Support for Psychosocial Distress

1. Establish rapport
2. Establish willingness to discuss issues other than those specific to diabetes management
3. Problem solving
4. Encouragement of primary and referral care

Willingness to Discuss Wide Range of Issues

- Patient: “I don’t know whether I should ask about this…”
  - Respond with open interest
  - Care to avoid appearing too eager to discuss
- Communicate acceptance of person, reassure that they are experiencing feelings that many others experience
- Return to issue in subsequent contact
  - “You were saying last time we talked that you were concerned about…”
  - Avoid pushing issue if patient reluctant
Problem Solving

- Apply problem solving model to specific concerns
- E.g., repeated arguments with spouse or adolescent child
  - **Pinpoint:** Weekends, hanging out with friends
  - **Brainstorm:** Discuss plans on Thursday evening; Agree on limits
  - **Try a Plan:** Discuss next Thursday after dinner
  - **Evaluate:** General improvement but some aggravation Sunday afternoon when stayed out 45 minutes past agreed time
  - **Revise Plan, Try Again:** Discuss how to adjust when something comes up while out with friends – text to let know will be late (limit: one hour)
Problem Solving, continued

- Consider linking distress to disease management
  - e.g., binge eating in response to stress
  - This may reduce reluctance to discuss psychosocial issues
- **Automatic Negative Thoughts** (e.g., “they must not like me”)
  - Apply problem solving
  - Pinpoint problem, identify alternatives, practice alternatives, try to apply, revise plan, etc.
Encourage Primary/Referral Care

• Present in matter-of-fact way:
  – “Lots of folks find it helpful to talk with their doctors about these kinds of things”

• Explore and discuss pros and cons
  – “Have you ever thought about talking with Dr. Jones about feeling blue?”
  – Pros: happy to talk, has things that can help
  – Cons: stigma (reassure of confidentiality), Dr. Jones not interested (encourage to try it, then discuss with peer supporter)

• Encourage follow through with specialty referral, addressing pros and cons as above
Human beings are happier _and more effective_ when they have someone they can talk to about personal matters, who cares about them, and who is reliably available.

So...

To make a difference, peer supporters may not need to fix things or be experts, but just listen, know those they want to help, and be available.
4 Key Functions and Psychosocial Distress

1. Assistance, consultation in applying management plans in daily life
   Problem solving addressing healthy coping instead of disease management

2. Social and Emotional Support
   Active listening, encouragement, validation of feelings

3. Linkage to clinical care and community resources
   Encourage discussion with primary care providers, follow through with referrals

4. Ongoing support, extended over time
   Continued relationship, interest in concerns
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Opportunities for Peer Support in the Affordable Care Act

Peer support services address key objectives of the ACA

- Emphasize primary and preventive care linked with community prevention services
- Reduce the growth of healthcare costs while promoting high-value, effective care
- Ensure access to quality, culturally competent care for vulnerable populations

Community health worker (CHW) model has been shown to be effective in delivering peer support services in a variety of settings

ACA formally recognizes the role of CHWs and offers funding opportunities for CHW programs
Opportunities for Peer Support in the Affordable Care Act

PfP issue brief includes listing of peer support opportunities in the following categories:

• Reimbursable Routine Services
  - Community Health Teams to Support the Patient Centered Medical Home
  - Patient Navigator Program
  - National Diabetes Prevention Program
  - Medicaid Incentives for the Prevention of Chronic Diseases

• Capacity Building, Development, and Training

• Research and Demonstration

Of the nearly $12.1 billion in ACA funding disbursed as of April 2012
$8.1 billion (67%) has gone to private entities
$4 billion (33%) has gone to state and local governments
Opportunities for Peer Support in the Affordable Care Act

We encourage you to share recent developments and new funding opportunities to help us keep this document relevant and up-to-date

View the issue brief: www.tinyurl.com/pfpaca

To share ACA news and grant opportunities with Peers for Progress and our network, please email us at: yptang@email.unc.edu
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NATIONAL PEER SUPPORT
Collaborative Learning Network

Co-led by Peers for Progress and National Council of La Raza

Funded by:

www.peersforprogress.org
National Peer Support Collaborative Learning Network Objectives

A collaborative network focused on developing and sharing:

• Evidence on benefits of peer support programs
• Best practices
• Effective evaluation methods
• Models of organizing peer support in various settings
  o within health systems
  o linking with primary care PCMH
  o in community-based organizations
• Effective models for advocacy
Network Operations – Work Groups & Webinars

Initial conference calls July-October with
- Together on Diabetes grantees
- NCLR affiliates

How can Network be helpful to field and members?
Identified:
- Organizing and sharing program resources among members
- Broad dissemination of resources beyond members
- Informative webinars to share learnings and promote idea exchange
- Small work groups to develop collaborative resources (e.g. toolkits, training manuals, issue briefs, publications)
### Potential Webinar & Work Group Topics

| Basic Characteristics of Peer Support Programs | 1) Volunteer vs. Paid  
2) Certification  
3) Matching peer supporters with those they help – Same disease? Demographics? Other characteristics?  
4) Organizational placement of peer support programs (Community-based, Clinic-based)  
5) Roles of peer supporters in different settings (e.g., community vs clinic) |
| --- | --- |
| Recruitment, Training, Management, Retention of Peer Supporters | 6) Recruitment of peer supporters  
7) Training of peer supporters  
8) Monitoring and supervision of peer supporters  
9) Retention of peer supporters  
10) Back-up systems and support for dealing with stressful issues  
11) Quality control |
| Organizational & System Factors | 12) Patient Care Plan as key tool for coordinating peer support with clinical and other services  
13) Establishing boundaries of peer support interventions  
14) Gaining administrative support for programs |
## Potential Webinar & Work Group Topic Areas, cont.

| Content of Peer Support Interventions, Common Challenges | 15) Addressing psychosocial and mental health issues (esp. diabetes distress, depression)  
16) Helping patients with multiple chronic conditions  
17) Attention to cultural factors  
18) Working with rural populations |
|--------------------------------------------------------|
| How Peer Supporters May Provide Ongoing Support         | 19) Content of ongoing support – boosters, monitoring, prompting regular care, etc.  
20) Initiation of ongoing support by patient, peer supporter, both?  
21) Media of ongoing support – web, telehealth, automated, etc. |
| Quality Improvement & Evaluation                       | 22) Assessment for program monitoring and quality improvement  
23) Evaluation for justifying program continuation, expansion  
24) Standardized evaluation measures across projects |
| Cost effectiveness & Advocacy                          | 25) Building a business case within your organization – documenting cost effectiveness  
26) National business case for peer support – economic analysis of peer support programs  
27) Models for effective advocacy – within your organization, at the policy level |
| Sustainability, Funding, Affordable Care Act           | 28) Strategies for sustaining peer support programs – resource shifting, identifying and using organizational “slack,”  
29) Strategies for retaining peer supporters in their roles, role enhancement  
30) Funding opportunities for Peer Support programs through CMS, Medicaid, ACA, etc. |
Work Group Timeline

Dec 13, 2012 Webinar
Introduce Topics, Invite Suggestions

Dec – Jan 22, 2013
Email/Phone Follow-up
ID Topics, ID Group Members, ID Conveners

Jan 22 Webinar
Present Provisional Plans, Discussion, Almost Final Plans

July
Actions by PfP & NCLR staff, Network members (e.g. dissemination of products, advocacy efforts)

May-June Webinars
Feedback on Products, Final Revisions

February-May
6 Work Groups
Produce Topic Area Products (e.g. manuals, advocacy models, reports), Budgets of $6,000

www.peersforprogress.org

Peers for Progress
Peer Support Around the World
A program of the American Academy of Family Physicians Foundation
Details of Work Group Processes

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<td>Dec 2012-Jan 2013</td>
<td>- Topic areas identified during/post-webinar</td>
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<tr>
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<td>- Provisional plans for work group topic areas and products</td>
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<tr>
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<td>- Staff to follow-up with those interested via email/phone</td>
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<tr>
<td>January 2013</td>
<td>- Webinar to discuss/finalize topics areas and products</td>
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<tr>
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<td>- Members sign up for work groups</td>
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<tr>
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<td>- Staff coordinates finalization of work groups; identification of conveners</td>
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<tr>
<td>February</td>
<td>- Six work groups get started (goals identified, budgets)</td>
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<td>- Stipends of $6,000 distributed</td>
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<tr>
<td>May-June 2013</td>
<td>- Work groups report back to whole group via webinar</td>
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<td>- Topic area products finalized</td>
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<td>July 2013</td>
<td>- Begin dissemination of work group products via Peers for Progress, NCLR and Network</td>
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Chat Session, Wrap Up, & Next Steps Survey

Open Chat Session – 3 minutes
• We invite you to use the chat function to communicate with the group.

Wrap Up
• Please complete the post-webinar survey.
• Email survey to follow on work group interest
• US attendees: Please participate in the January 22 webinar to discuss collaborative work group projects.

Next Steps Survey – Monday/Tuesday of next week
From: Peers for Progress
Subject: Next Steps for Nat. Peer Support Network
Thank you!