The Natural History of a Peer Support Intervention for Diabetes Care in Uganda

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My purpose today

- Share observations on the sustainability of a brief (4 month) peer support intervention
- Based on a site visit and interviews conducted 2 years later (Feb 2012)
Goals of the Intervention

- To enhance social support & emotional well-being
- Engage participants in diabetes self-care behaviors
- Improve metabolic control (A1C)
- Foster linkages to healthcare providers
Design & Method

- **Peer Champions**
  - Received diabetes self-care education plus training in communication and support

- **Peer Partners**
  - Received diabetes self-care education

- **Two groups were matched (age, gender) to interact at least weekly by phone or in person**
Participants

- Average age 55 years (32 - 74)
- Diagnosed with diabetes average of 6.4 years
- 67% female
- 54% family history of diabetes
- 57% primary level education*
- 44% farming occupation

*p < .001 difference between champions (16%) partners (85%)*
Engagement

- Pre-intervention
  - 19 champions, 27 partners
- Post-intervention
  - 16 champions (84% retention)
  - 25 partners (93% retention)
- The majority made at least weekly contacts with peers over the 4 months
Study Outcomes at 4 months

- Social support & emotional well-being - no change
- Self-care behaviors - improved eating behavior
- Linkages to care - increased contact with clinic nurse, increased satisfaction
- Improved A1C & DBP
Local conditions

- Team trained in diabetes care: 2 nurses, medical officer, lab tech
- 20% monitored BG at home
  - weekly or monthly
- 71% reported difficulty accessing medication (cost, availability)
- Physical space at the district hospital was inadequate
What did we find 2 years later?

Interviewed three participants: Hadejah, Fatima & Steven

Question: Have you continued any contact with your diabetes partner?

- Contact continues but less often
- By phone or at diabetes clinic appointments scheduled on the same day
- Because we know more about diabetes we are able to identify problems earlier, educate others about diabetes, and feel less stigma about sharing our status
  - “now others know a seizure is not due to epilepsy”

• General feeling that diabetes care had improved
  - Happy patients
  - Highest rate of kept appointments of any clinic
  - Patients were more knowledgeable about diabetes
Health System Changes

- Less frequent clinic follow-up to accommodate increased number of patients with diabetes
- Incorporate group education into every clinic session
- Honor appointments
- Schedule peers on the same clinic day to facilitate contacts
Further research

- Physicians were impressed with the results of the peer model
- Funded to pilot a peer support program in 20 rural district hospitals
  - Diabetes education reinforced with written materials and phone and in person contacts
  - Selected outcomes measured quarterly for one year; only physiologic outcomes measured
- Challenges with engagement of diabetes clinic teams
What was sustained 2 years later?

• Peers continued contact for social and instrumental support
  ‘When I talked to my partner they had no vegetables so I shared some from my garden’

• Bilingual diabetes self-care booklet used as a reference and shared with others

• Adequate clinic and meeting space
Leave something concrete behind
What challenges continue?

- Transportation is difficult, expensive
- Limited funds for phone air time
- Insufficient supplies for diabetes care
- Shortage of skilled healthcare workers
- Maintaining adequate facilities
- Obtaining good evidence on the impact of peer support
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