Contextual Issues in Determining the Dose of Peer Training and Peer Support

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My objective

Reflect on key contextual issues across the 14 Peers for Progress grants designed to enhance peer support for diabetes self-management

peersforprogress.org
Key Issues of Peer Support

A. Criteria for selecting and retaining peers
B. Peer training dose (scope, length)
C. Ongoing supervision and training
D. Intervention dose (intensity)
E. Local contexts
A. Criteria for selecting and retaining peers

Informed by -

- Intended role of the peer
- Characteristics of target population
- Must they be a positive role model – or
- Can they be someone ‘close’ to diabetes, e.g., a peer coping model?
- How long does one assume this role?
B. Peer training (scope, dose)

- All studies provided components addressing
  - Diabetes education, communication skills
  - Skill development (e.g. goal-setting, problem solving)
  - Experiential learning – with observation and feedback
- “Dose” of training ranged from 10 to 50 hours
  - Spread over 1-2 days or several weeks
- Issues:
  - How to balance ‘peerness’ vs ‘expert’
  - What is ‘comprehensive’ vs ‘enough’ preparation
C. Ongoing supervision and training

- “Booster sessions” to trouble-shoot and/or reinforce training content, how to handle unanticipated issues
- Regular times to come together to discuss what is going well, challenges, troubleshoot

Issues:
- How to maintain quality, safety and minimize harm?
- How to make resources accessible without ‘high touch’ supervision?
D. Intervention dose (intensity)

- Daily to monthly
- Over a period of a few months to a year
- What kind of contact is most effective?
- Higher dose = greater change
  
  Dale et al, *Diabetic Medicine*, 2012

- Issues:
  
  - How is scalability achieved?
E. Local contexts

- **PRACTICAL**
  - Geographic distance, time commitments
  - Availability of technology

- **CULTURAL NORMS**
  - Home visits expected in some areas, unaccepted in others
  - Natural gathering places in the community
  - The buy-in to self-management

- **HEALTHCARE SYSTEMS**
  - How is peer support sustained in primary care delivery?
    - or
  - How can primary care be delivered *without* peer support?