



中国疾病预防控制中心
慢性非传染性疾病预防控制中心



Peers for Progress

Connections for Better Living | DIABETES

Lessons learnt in developing a peer support program to improve diabetes management in Anhui, China

China Network of Peers for Progress

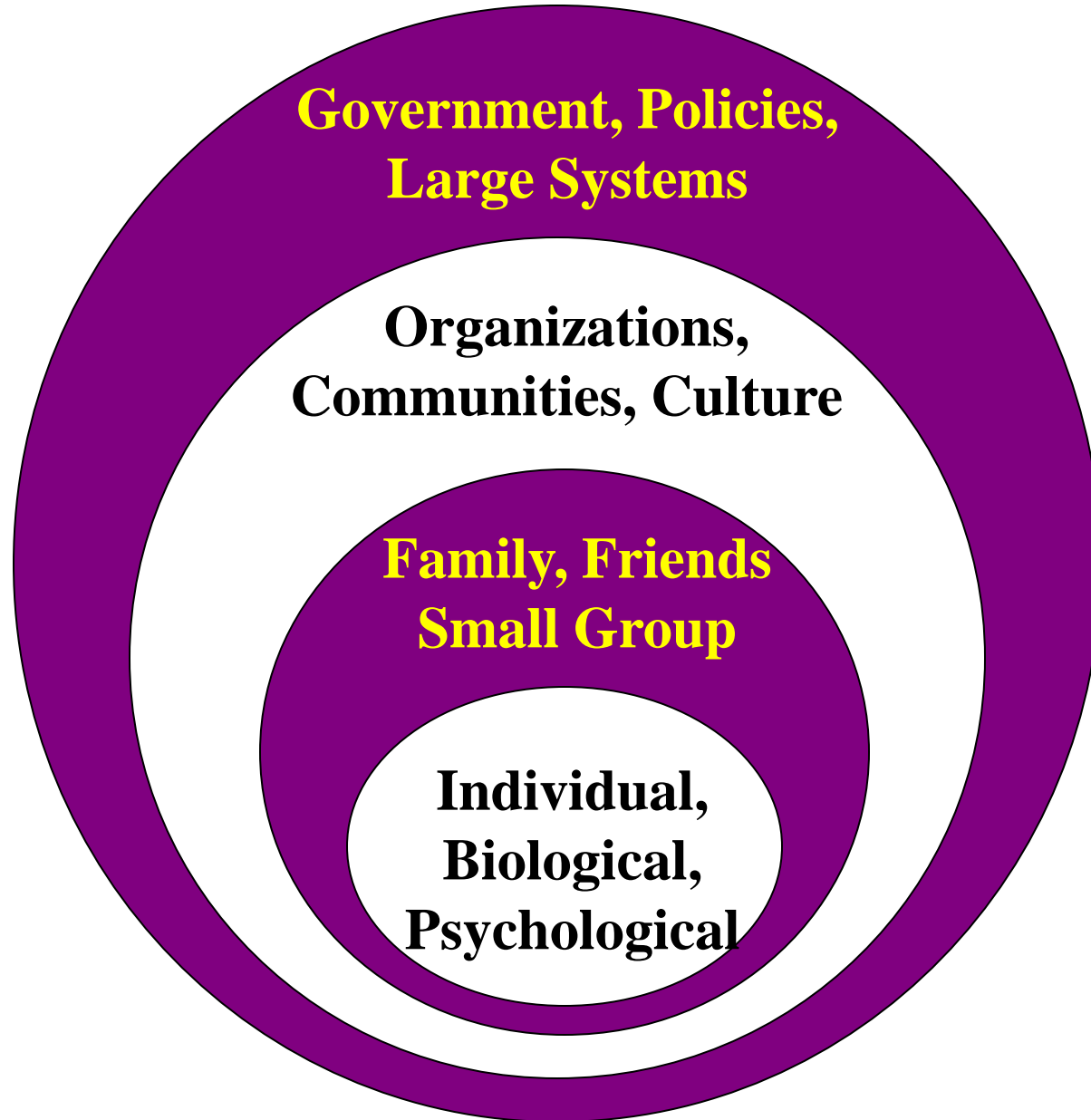
&

Anhui CDC, China

Xuefeng Zhong



Socio-Ecological Model of Health Behavior



Dissertation – western randomized evaluation of peer support within community health centers (Research design is *fairly* simple)

But also needs to serve as model for CDC planning

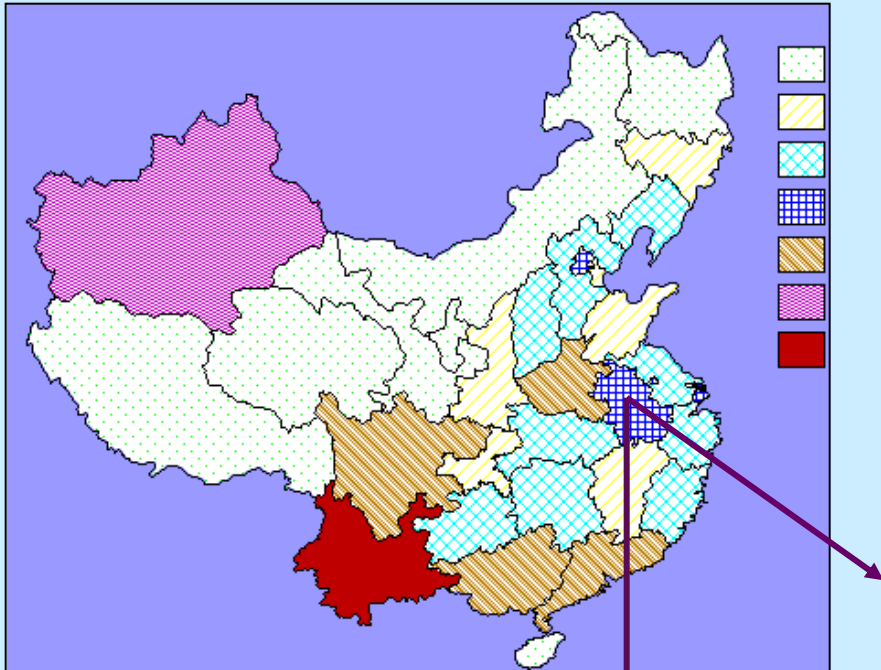
6 months of negotiation with levels of government/CDC to gain support and interest in results:

Project Objectives

- To evaluate feasibility of peer support group approach for individuals with type 2 diabetes in community settings in Anhui province, China
- To evaluate effectiveness of peer support approach for individuals with type 2 diabetes self-management practices



Background



Anhui

- Total population 68.62 million (2010).
- Area: 139,600km²
- 105 counties and 17 main cities



Program community settings

■ *Three cities:*

Hefei city: - *He Yidi Comm.*

- *Jin he*

Tongling: - *Yang guang Comm.*

- *Ren dong*

Bangbu: *Da qing Comm.*



Program outline



Peer support intervention

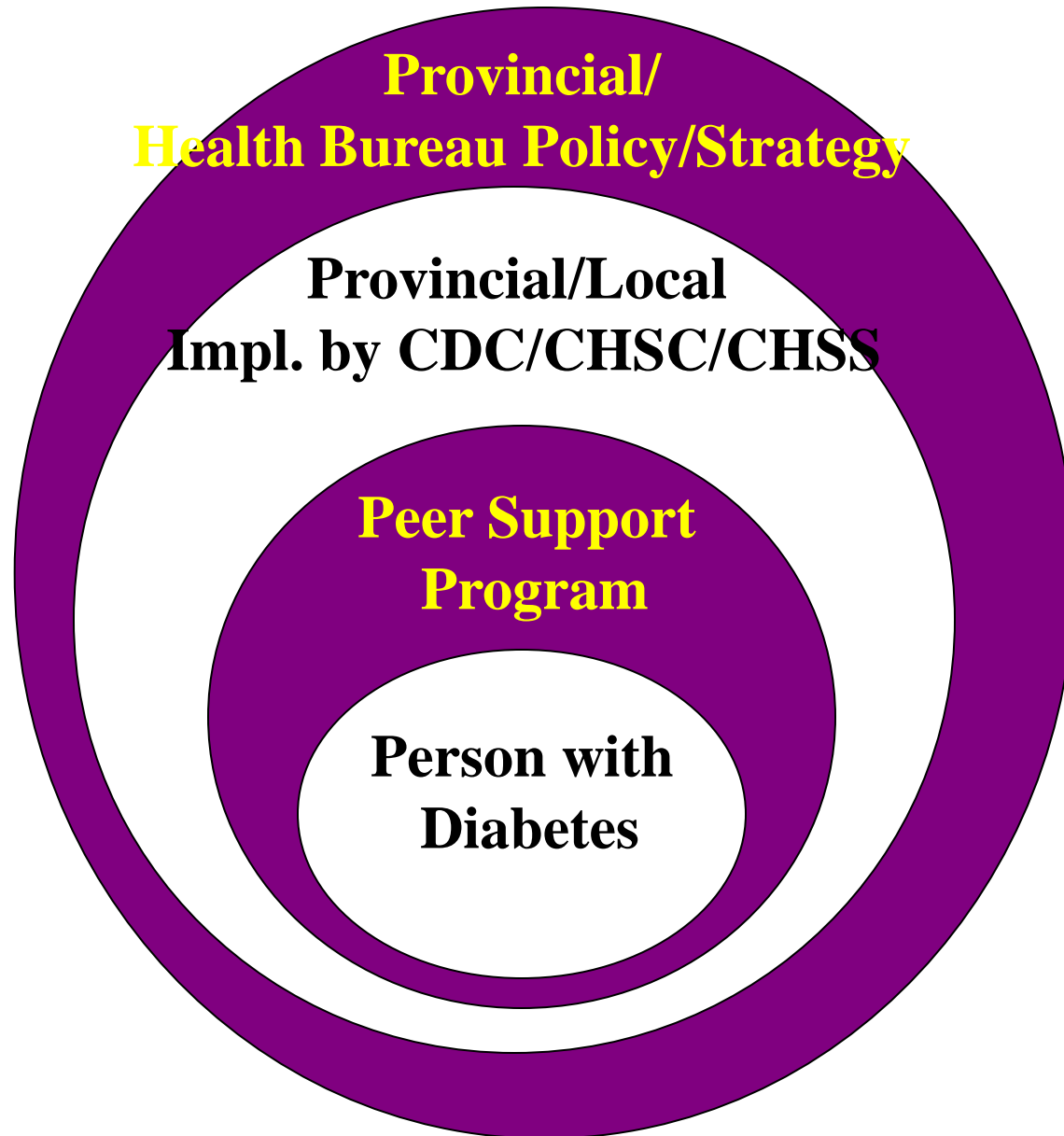
- a community-and primary care-based model
- face to face meetings/ activities twice per month
- group meeting/activities co- led by CHC staff and PS (peer group leaders) monthly
- sub-group informal meeting/activity (Taji group, Fishing, shopping, jogging) led by peer group leaders at unscheduled time (daily or weekly)



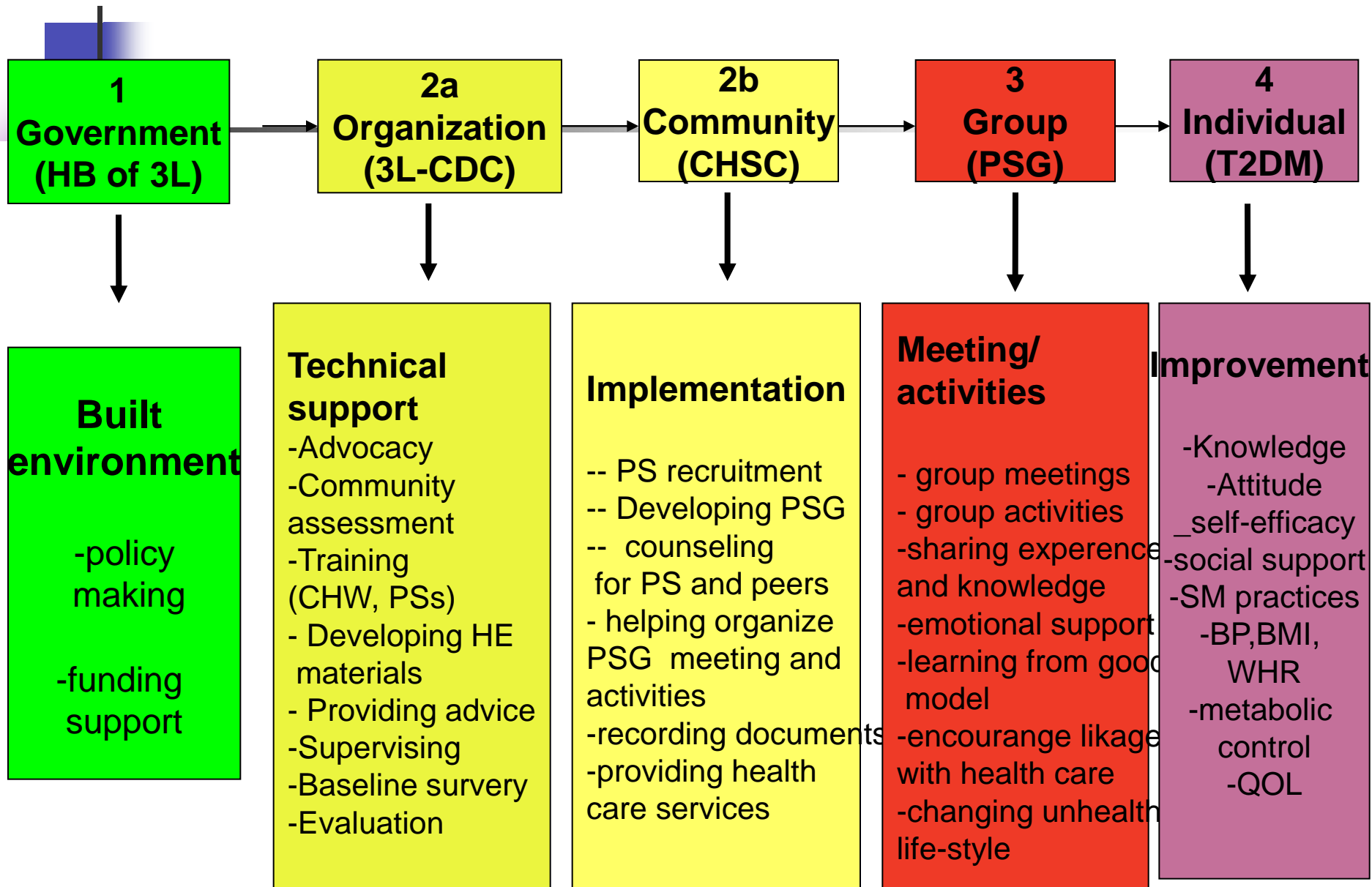
Conclusions

- The results demonstrated that, when adapted, PLSP is culturally acceptable to Chinese people and that it is feasible in China
- Most importantly, used a community-based model and integrated into the routine of community government organizations and community health services.

Socio-Ecological Model applied to implementation of Behavioral Medicine programs in China



Role of 4 levels intervention for PS



Lessons Learnt for Scale-Up in China

Three steps need to be addressed differently in China (vs other countries):

1. Community needs assessment (culture, political, resources)
2. Implementation (5 level of health system & organizations)
3. Scale-up and system-level integration (integrate program into existing “primary health care package” etc)

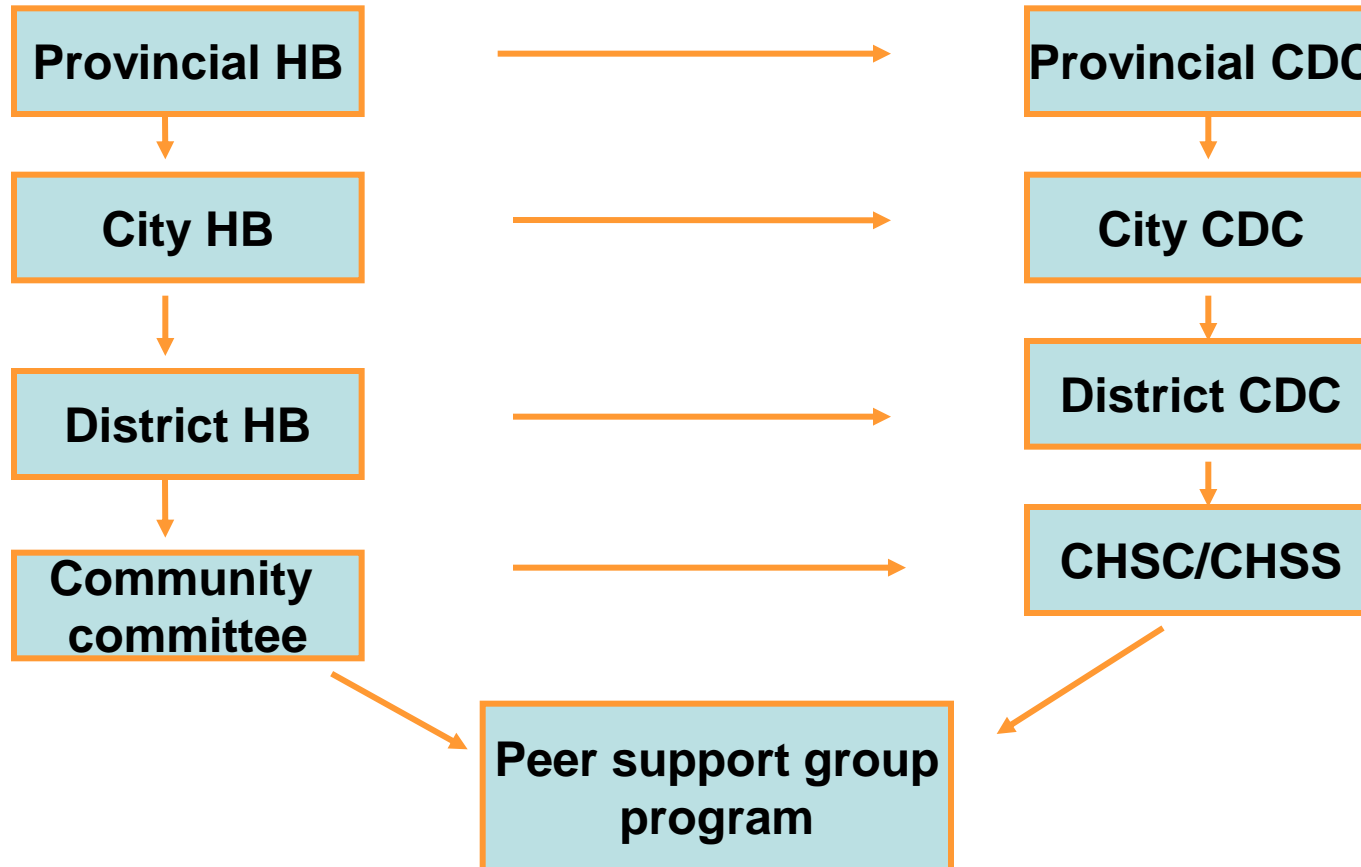
1. Community Needs Assessment

- community neighbourhood committee
 - political commitment
 - policy support
- community culture and environment
 - residents are familiar with each other and like to talk each other
 - living in the same neighbourhood or buildings, easy to get together, like to meeting together
 - CHSC service team have good relationship with the complex building residents

2. Implementation (5 levels)

Administration level

Professional Levels



3. Scale-up and systemwide integration

- Integrate with primary care package - includes 11 'items' (six of which are especially relevant to the prevention and control of chronic conditions and co-morbid mental health problems), i.e:
 - the establishment of health records for residents
 - providing health education to residents
 - physical examination for elders (60+)
 - diabetes patients management
 - management of hypertension
 - management of serious mental health problems

Summary

**Planning in China over past 60 years is highly centralized, but:
Heaven is high and the emperor is far away**

**Need central(or provincial), political approval of general program
plan**

Community assessment:

**Need local assessment of needs, strengths, weaknesses, cultural
issues, etc.**

This level may not be contemplated by “the emperor”

Implementation:

**Need technical integration with five levels of health care system
and organization**

Dissemination:

**Need to make program compatible with national priorities of
“primary health care package”**



Acknowledgement

This project was conducted in partial fulfillment of the requirements for the doctoral degree in health education and behavior science at Mahidol University in Bangkok. Dissertation chairs are: Prof. Chanuantong Tanasugarn and E. Fisher

- Administration organization (funder) : Anhui Provincial Bureau of Health

- Executive organization: Health Education Institute of Anhui Provincial Center for Disease Prevention and Control

- Partner organizations: Hefei Municipal Bureau of Health
 - Hefei City's Center for Disease Prevention and Control
 - Heyidi Community Health Service Center
 - District Bureau of Health, District CDC

- Tongling Municipal Bureau of Health
 - Tongling City's Center for Disease Prevention and Control
 - Yangguan Community and Rendong Community Health Service Station
 - District Bureau of Health, District CDC

- Bangbu Municipal Bureau of Health
 - Bangbu Center for Disease Prevention and Control
 - Daqing Community Health Service Center
 - District Bureau of Health, District CDC