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

China Network of Peers for Progress

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Anhui CDC, China

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Socio-Ecological Model of Health Behavior

- Government, Policies, Large Systems
- Organizations, Communities, Culture
- Family, Friends, Small Group
- Individual, Biological, Psychological
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

- 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

726 individuals with type 2 diabetes have been recruited by CHSC.

365 patients with 19 "Diabetes peer support group" has been developed.

19 individuals with type 2 diabetes have been recruited as "Peer Supporter (group leader)."
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

1. Government (HB of 3L)
   - Built environment
     - Policy making
     - Funding support

2a. Organization (3L-CDC)
   - Technical support
     - Advocacy
     - Community assessment
     - Training (CHW, PSs)
     - Developing HE materials
     - Providing advice
     - Supervising
     - Baseline survey
     - Evaluation

2b. Community (CHSC)
   - Implementation
     -- PS recruitment
     -- Developing PSG
     -- Counseling for PS and peers
     -- Helping organize PSG meeting and activities
     -- Recording documents
     -- Providing health care services

3. Group (PSG)
   - Meeting/activities
     - Group meetings
     - Group activities
     - Sharing experience and knowledge
     - Emotional support
     - Learning from good model
     - Encourage linkage with health care
     - Changing unhealthy life-style

4. Individual (T2DM)
   - Improvement
     - Knowledge
     - Attitude
     - Self-efficacy
     - Social support
     - SM practices
     - BP, BMI, WHR
     - Metabolic control
     - QOL
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

Provincial HB

City HB

District HB

Community committee

Peer support group program

Provincial CDC

City CDC

District CDC

CHSC/CHSS
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
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