



THE POWER OF PEER SUPPORT IN AFRICAN AMERICAN COMMUNITIES

Black History Month Spotlight

February is [Black History Month](#) in the United States. Throughout the month, Americans have celebrated the struggles and achievements, and above all, the strength and resilience of the African American community. For generations, these communities have drawn on social support to organize around collective efforts and help each other in times of need. We believe that peer support offers a valuable strategy to help African American communities confront their health challenges in the 21st century. Across urban and rural settings, peer support is helping African Americans address health issues such as diabetes, depression, and cancer. This issue of the Peers for Progress newsletter spotlights two peer support programs that are making an impact on African American health.



ENCOURAGE
Diabetes Peer Support in Rural Alabama

Alabama’s Black Belt, so named for the region’s thick, dark, fertile soil, experiences high poverty rates, scarce medical resources, and high incidences of chronic diseases such as diabetes. In rural African American communities, with limited access to supermarkets, doctors, and telecommunications, people have learned to rely on their extended families and close social networks for their health needs.

Researchers at the University of Alabama – Birmingham launched the Encourage Trial to adapt and evaluate a peer support intervention to improve diabetes outcomes in this population. The study, led by Monika Safford, MD and Andrea Cherrington, MD, MPH, was supported by a grant from Peers for Progress.

	% Black	% Poverty	% Diabetes	PCP/10,000
Black Belt Counties	66.6	31.8	24.8	4.5
Alabama	26.3	16.1	13.2	7.5
United States	23.6	12.4	8.7	24

This intervention uses the four key functions as a framework for delivering peer support. A review of the questionnaires administered at 6 and 12 months confirmed that the majority of participants received “a moderate amount” or “a great deal” of support under each of the key functions.

1. Assistance with daily self-management
 - a. Weekly phone calls for 8-12 weeks
 - b. Emphasis on setting SMART goals, problem solving, and overcoming barriers
2. Social and emotional support
 - a. Trained in active listening to better provide emotional support
 - b. Encourage participants to engage with the larger social network
3. Linkage to clinical care
 - a. “Raise the BAR (Be prepared; Ask and learn; Reflect and reach out)” during healthcare provider office visit
4. Ongoing support
 - a. Monthly phone calls after initial 8-12 weeks

The research team used intervention mapping as a program development guide, which helped them overcome barriers to community engagement, adapt the intervention to be culturally relevant, and respond to community needs.

- To learn more about the Encourage program development, see [this journal article](#).
- To learn more about the study design and baseline data, see [Dr. Safford’s presentation](#) delivered at the International Congress of Behavioral Medicine 2012.

One year after the start of the study, the investigators found that due to their attention to cultural adaptation, the study was able to over recruit in a population that has traditionally been very difficult to engage in research. In addition, diabetes knowledge improved and both peers and clients reported satisfaction with the program. The flexibility of this approach to program development can be implemented by others to develop or adapt peer support interventions in their particular community or context.

CIRCLES OF CARE

Advanced Stage Cancer Peer Support in North Carolina

This article is also available on [our blog](#).

Researchers at the University of North Carolina Chapel Hill are the first to explore the feasibility of a peer support intervention for African Americans with advanced stage cancer. When asked why research targeted this population, program manager Melissa Green explains that “African Americans are more likely to be diagnosed with later stage cancers... but they also miss out on other treatment modalities related to palliative care and hospice.” Researchers wanted to explore the ability of peer support to bring this much-needed information about palliative care and hospice into communities that may lack access to it. To achieve this mission, they partnered with [Project Compassion](#) to implement a support team model that is offered to African American churches and organizations throughout three counties in North Carolina.



As outlined in the following [video](#), peer support provided was broken down into different categories, including practical, emotional, spiritual, and cancer/palliative care resources. These categories align well with the [four key functions of peer support](#) – assistance in daily management, emotional and social support, linkage to clinical care, and ongoing support.

The Support Team Model

The support team model is built around the needs of the individual with serious illness. Green describes the model as having “a structure [that] is individualized and is uniquely coordinated around the individual.” Each team had between 6-12 people who were trained on topics such as offering emotional and spiritual care, finding community resources, and confidentiality and boundaries. The teams met monthly to coordinate provision of support for the next month – for example, accompaniment to chemotherapy appointments, providing daycare, or bringing meals on preferred days. This flexible structure allowed each individual to bring his or her own strengths to the group and offer as much support when they can, and in the way they feel most gifted.

Spiritual Support

One integral component of the support provided in this intervention – as with other peer support interventions in African American populations – was spiritual support. Green said, “A lot of the tailoring of the intervention [to the African American population] was recognizing how important faith and spirituality is in the African American community. Prayer, scripture, and song are a source of social support in the African American community.” Not surprisingly, spiritual caregiving was one of the most common forms of support desired by care recipients.

Green recalls one of the participating church members saying that “the support team model fits in a lot of ways with the mission of health ministries and churches in general.” The alignment of community values and project goals illustrates how organized peer support enables and enhances a community’s ability to satisfy its needs.

Implications

The support team model represents a way in which responsibility and burden of care is shared by several members of a team, rather than shouldered by one individual. This shared responsibility dramatically reduces the entry barrier for people that would like to volunteer, but are concerned about the investment of time and effort. Furthermore, a team approach ensures that volunteers receive ongoing support from each other, which may reduce volunteer burnout and turnover.

Through their innovative, community-based participatory research, the Circles of Care research team has contributed to the growing evidence base on the versatility of peer support. Since this research was published, the Circles of Care support team model has been able to be successfully replicated in Wilmington, NC and efficacy research is currently underway.