Peers for Progress
Peer Support Around the World
A program of the American Academy of Family Physicians Foundation

2013 ANNUAL HIGHLIGHTS OF PEERS FOR PROGRESS & GLOBAL AFFILIATES

Learnings in Diabetes Peer Support across 6 Continents

In 2013, Peers for Progress (PfP) and global affiliates continued to expand the evidence base and promote regional program adoption. This report features the work of 14 grantees originally funded through support from the Eli Lilly and Company Foundation, as well as several collaborative activities of PfP with leading organizations in diabetes in China and Taiwan.

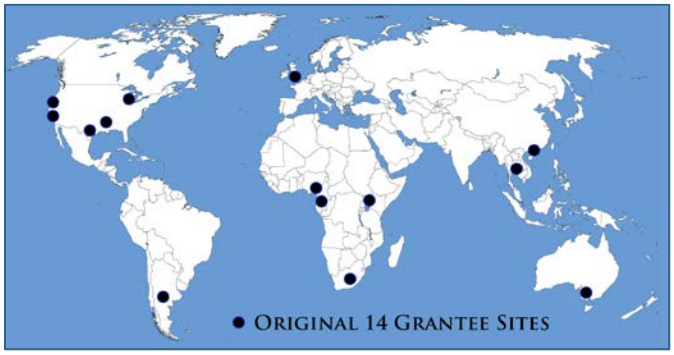
STATE OF THE ART FINDINGS IN DIABETES PEER SUPPORT

Across 6 continents, 14 PfP grantees who were funded in 2009 have tested and evaluated what peer support would look like for diabetes self-management under a variety of cultural and socio-economic conditions. See the table on page 4 for a complete list of the grantees.

❖ Preliminary Cross- Site Analysis: Improvements in Clinical, Behavioral & Cost Indicators

Across these sites, the mean baseline HbA1c at outset was 8.92%, which reflects the level of need in the populations these programs reached. Projects followed a program development framework that emphasizes the key functions of peer support (assistance in daily management, social/emotional support, linkage to clinical care, ongoing availability of support) that provided flexibility to tailor interventions to the specific conditions and unique populations they were intended to serve.

The peer support programs have yielded improvements in a host of measures such as HbA1c, BMI, BP, Quality of Life, self-care behaviors, and medication adherence. Peer support also has shown its ability to reduce hospitalizations among frequent hospital users and achieve effective results at relatively low costs.



Notably, PfP Global Director Edwin Fisher and several grantees presented a symposium at the Annual Meeting of the Society of Behavioral Medicine in March 2013. Reports from these sites showed the feasibility and acceptability of peer support for diabetes self-management in real-world settings. A full list of grantee presentations and publications may be found here.

❖ Reaching and Engaging the "Hardly Reached"

At the University of Michigan, Michele Heisler and colleagues reached out to very low-income Latino adults with diabetes in inner-city Detroit. In the study, 77% of the population had less than a high school education and 94% had an annual household income of less than $20,000. The team found that both peer mentoring and community health worker telephone support sustained improvements in glycemic control equivalent to those observed in more resource-intensive professional-led care management programs. These low-cost strategies can be adopted in other resource-limited communities.

In a rural part of Alabama with high rates of poverty, low education, and poor health care, the ENCOURAGE project at the University of Alabama School of Medicine reached 400 predominantly African American

participants with diabetes with individualized telephone-based support.

In the project led by San Diego State University researchers, volunteer peer supporters reached hardly-reached populations along the U.S.-Mexico border, 43% of whom had a 6th grade education or less.

Thomas Bodenheimer's team at University of California at San Francisco School of Medicine (UCSF) enrolled low-income patients at public health clinics in San Francisco. This underserved population responded well to health coaching, showing a clinically and statistically significant greater reduction in HbA1c compared to usual care. In an article titled "Peer coaching to improve diabetes self-management: which patients benefit most?" they reported that peer coaching had the greatest effect relative to controls among patients with initially low levels of medication adherence and poor self-management.

In Uganda, peer champions using cell phones and face-to-face visits in rural settings increased contact with health care clinics among 71% of participants and achieved substantial reductions in HbA1c and BP.

❖ Unraveling the Complexity of Program Implementation

In addition to their quantitative report, Thomas Bodenheimer's group at UCSF has published qualitative findings to shed light on the effect of coach characteristics on patient outcomes and how peer coaches improve diabetes care. The first study showed that patient improvement in HbA1c was associated with having a peer coach with a lower sense of self-efficacy in diabetes management, higher level of diabetes-related distress, and lower depression score. The authors conclude that some coach uncertainty about his or her diabetes may foster improved patient self-management. The second study found that despite receiving the same training, peer coaches utilize different approaches in their work. This variability in coaching styles suggests an inherent diversity among peer coaches that must be accounted for in future interventions.

A paper published by David Simmons and colleagues at Cambridge University Hospitals NHS Foundation Trust cautioned against the unintended consequences of selecting peer supporters through primary care clinicians. Peer supporters that were recruited as "star patients" (author's term) displayed a tendency to cast themselves as experts or institutionally-mandated actors, which was not conducive to creating empowering relationships of mutual support.

DISSEMINATING GOOD PRACTICES

All grantees have completed their interventions. Many of them have expanded their projects and disseminated learning in various ways.

WellMed Medical Group is a Health Maintenance Organization (HMO) consisting of 32 primary care practices that serves a predominantly elderly population in San Antonio, Texas. Its Care Companions program was adapted to fit the special needs of seniors by providing home-based visits, modifying content to accommodate patients with slight cognitive impairments, and including caregivers as mentees. 34 out of 55 clinicians at the 15 study sites referred at least one patient to the peer mentoring program (62% adoption). With this considerable provider buy-in, WellMed was able to expand the program to all 32 clinics in the network.

Juan Jose Gagliardino and colleagues at the Center of Experimental and Applied Endocrinology in Argentina published their findings in an article titled "Type 2 diabetes patients educated by other patients perform at least as well as patients trained by professionals". Furthermore, Gagliardino is collaborating with researchers in Chile to extend a peer support program for families with newly diagnosed children with type 1 diabetes.

Alabama's ENCOURAGE project created the community infrastructure (capacity-building, public-private partnerships) to launch future trials for diabetes care in one of the nation's most impoverished regions. The materials created by this program have been widely adopted throughout the state of Alabama. As a hub of peer support leadership in the southeast region, Monika Safford and colleagues are preparing to launch new trials in diabetes and chronic pain, diabetes medication adherence, and cardiovascular health.

Based on the peer champion program in Uganda, Linda Baumann at the University of Wisconsin-Madison School of Nursing mentored a doctoral student, Dang Thanh who developed a peer support program in Vietnam. In a controlled design, the program showed substantial improvements in self management and HbA1c over 6 months.

Tricia Tang, who was originally a leader of the project at the University of Michigan Medical School, has gone on to the University of British Columbia, where she is currently developing peer support programs for local Asian immigrant populations.

In the Asia Pacific region, the work of Juliana Chan at the Chinese University of Hong Kong along with Brian Oldenburg at Monash University in Australia has catalyzed a number of translational programs in China and neighboring countries. Additionally, these projects have paved the way for the development of a cluster randomized controlled trial of a peer-led lifestyle intervention for the Kerala Diabetes Prevention Program in India.

GUIDING THE GROWTH OF PEER SUPPORT IN CHINA AND TAIWAN

中華民國糖尿病衛教學會
Taiwanese Association of Diabetes Educators

TADE Initiative to Promote Peer Support

The Taiwanese Association of Diabetes Educators (TADE) is a pioneer in the field of diabetes education with a commitment to self-management support and peer support. In 2013, TADE started an initiative to promote peer support in Taiwan. Working with PfP and other partners, TADE trained 74 patient experts (PEs) and 66 certified diabetes educators (CDEs) from 41 health care organizations. It further selected 9 organizations for funding to test enhanced peer support approaches. In contrast to traditional, CDE-led groups, the participating organizations emphasize PE involvement. They focus on training as well as peer-led activities and ongoing support. Over the course of 5 months, 9 organizations held 34 group activities and engaged 287 people with diabetes.

Preliminary results include significant improvements of HbA1c, self-care behaviors, and diabetes-related distress. As noted by I-Ching Wang, RN, CDE, who has been heavily involved in this initiative, "Patient experts also grow in the process of training and helping others; meanwhile, medical teams have more time to promote other care work." Looking ahead, TADE plans to extend the reach and sustainability of peer support by conducting cost-effectiveness analyses as well as providing ongoing training and support to PEs and CDEs.

BDPTA's 8760Hours Health Initiative

8760小时健康行动

Drawing on the experience gained through a PfP small collaboration grant, the Beijing Diabetes Prevention and Treatment Association (BDPTA) was awarded funding from the Bristol-Myers Squibb Foundation's *Together on Diabetes* initiative earlier this year to pilot a diabetes peer support model to achieve better self-management and health outcomes. The name of the project was inspired by the observation promoted by Peers for Progress that every year, there are 8760 hours in which people with diabetes have to manage their condition on their own.

The project ambitiously aims to train 500 peer leaders and engage 5,000 participants. In collaboration with PfP, the project will enable 4 key stakeholders (professionals, patients and peer leaders, social media, and families) to work together for diabetes management and support. To date, 19 organizations, 45 peer leaders and 500 participants have enrolled, and 32 peer support groups have commenced activities.

8760Hours Health Initiative Media Kick-Off

Peer Support Workshops in China

Starting fall 2012, PfP has been working with the Division of Diabetes Education and Management of the Chinese Diabetes Society (CDS) and Zhongda Hospital affiliated with Southeast University in Nanjing to hold workshops and provide consultation to hospitals and community health centers interested in diabetes peer support. This year, there were two, two-day workshops in the summer. Notably, one took place in conjunction with the 2nd Asia- Pacific Conference on Diabetes Education in Suzhou. Two hundred clinical team members from across the country were trained to develop and implement peer support programs for people with diabetes. Following the workshop, PfP has provided ongoing technical assistance through weekly online coaching sessions and monthly webinars. We look forward to sharing the preliminary results from this collaboration in spring '14.

200 clinical team members participated in a workshop during the 2nd Asia-Pacific Conference on Diabetes Education

Evaluation and Demonstration Grants of Peers for Progress		
Alabama	Community peer advisors linked to rural health centers serving African Americans	University of Alabama School of Medicine: Monika M. Safford, MD
Argentina	Community-based comparison of patient education with patient education PLUS peer support	National Research Council of Argentina (CONICET) with the Centre of Experimental and Applied Endocrinology (CENEXA) and WHO Collaborative Centre for Diabetes: Juan Jose Gagliardino, MD
Australia	Developing existing peer support group programs for national dissemination	Monash University and Diabetes Australia-Vic: Brian Oldenburg, PhD
California	Volunteer peer support intervention for Mexican/Mexican American adults along California-Mexico border	San Diego State University School of Graduate Public Health and Clinicas de Salud del Pueblo, Inc.: Guadalupe X. Ayala, PhD, MPH
Cameroon	Community-based peer support intervention in Yaoundé	Health of Population in Transition Research Group: Jean Claude Mbanya, MD, PhD, FRCP
Cameroon	Peer support in rural and urban districts	Centre for Population Studies and Health Promotion: Paschal Kum Awah, PhD
England	Comparing group-based with individually provided peer support in Cambridgeshire	Cambridge University Hospitals NHS Foundation Trust, Institute of Metabolic Science: David Simmons, MD
Hong Kong	Peer support combined with automated telephone support	Asia Diabetes Foundation and Hong Kong Institute of Diabetes and Obesity, The Chinese University of Hong Kong: Juliana C.N. Chan, MD, FRCP
Michigan	Peer-led self-management support in "real-world" clinical and community settings among Latinos and African-Americans	University of Michigan Medical School: Tricia S. Tang, PhD & Michele Heisler, MD, MPA
San Francisco	Integration of peer coaches in to nurse/doctor treatment teams	University of California at San Francisco, School of Medicine, Department of Family and Community Medicine: Thomas Bodenheimer, MD, MPH
South Africa	Peer support "buddy" program based on effective HIV model among Xhosa women	University of Western Cape and Women for Peace with UCLA Global Center for Children and Families: Mary Jane Rotheram-Borus, PhD
Texas	Peer support in an HMO setting in San Antonio	American Academy of Family Physicians National Research Network (with Latino Health Access, LA Net, WellMed Medical Group): Lyndee Knox, PhD
Thailand	Integration of village health volunteers into existing health system among four rural villages	Mahidol University: Boosaba Sanguanprasit, PhD, MPH
Uganda	Peer champions using cell phone and face-to-face visits in rural and urban settings	Mulago Hospital with University of Wisconsin-Madison School of Nursing: Linda Baumann, PhD, APRN, BC, FAAN