

WARM HAND-OFF AND RAPPORT-BUILDING OPPORTUNITIES LEAD TO PROGRAM SUCCESS

A VIETNAMESE PEER SUPPORT INTERVENTION FOR DIABETES

In Vietnam, as with other low- and middle-income countries, peer support is a key self-management support strategy that can enable and sustain diabetes self-care behaviors, especially in the context of a health care system with a shortage of health professionals and limited resources. However, evidence is lacking for the benefits and acceptability of this approach among diabetes populations in Vietnam.

Dr. Dang Tran Ngoc Thanh, at the Pham Ngoc Thach University of Medicine, headed a study to assess the acceptability and effectiveness of a self-management support intervention in improving diabetes social support, self-care behaviors, and health outcomes for type II diabetes patients in Ho Chi Minh City, Vietnam.

STUDY DESIGN

The randomized control trial was carried out at a diabetes outpatient clinic at 115 People's Hospital in Ho Chi Minh City. 86 participants were enrolled in the study. They were 30 years and older, had type II diabetes for at least a year, taking oral diabetes medications, and had HbA1c $\geq 7\%$ in the previous three months. Participants were also required to have neither significant cognitive problems nor major health complications, and have access to a telephone. The participants were randomly assigned to the control (n=44) or experimental group (n=42).

Patients with strong interpersonal and communication skills, and HbA1c levels $\leq 7\%$ in the previous three months, were invited to be trained as peer leaders. Seventeen were qualified and consented to act as peer leaders.

PEERS KEY TO DELIVERING SELF-MANAGEMENT SUPPORT

Participants in the control group received usual care and a self-care booklet, while those in the experimental condition attended 4 weekly group education sessions and received ongoing telephone-based support from peer leaders over 5 months. The curriculum covered basic diabetes knowledge, blood glucose self-monitoring, medications, healthy diets and physical exercise, stress management, and diabetes self-management support.

A unique feature of the intervention was that it used these group education sessions to provide a warm hand-off for peers and peer leaders, providing opportunities to build rapport and practice peer support. Within the sessions, participants were assigned to subgroups of nine to twelve members with three to five peer leaders per subgroup. In addition to the educational component, participants were encouraged to set a specific goal on short- and long-term behavioral changes, identify challenges, and make a plan of action to accomplish their goal. In the last session, two or three

participants were matched with one peer leader depending on residency location, age, and interests. Then they used role play to practice supporting each other with communication skills, problem solving, and encouraging optimism and hope.

After the group education, peer leaders were instructed to call group members at least once a week in the first two months, and

VIETNAM AT A GLANCE

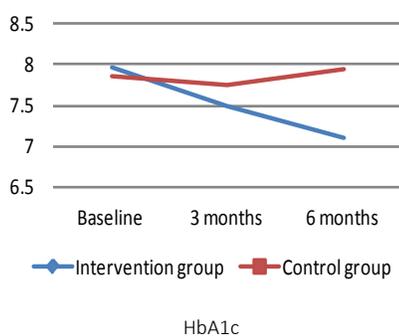
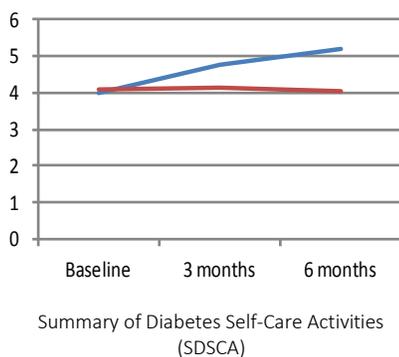
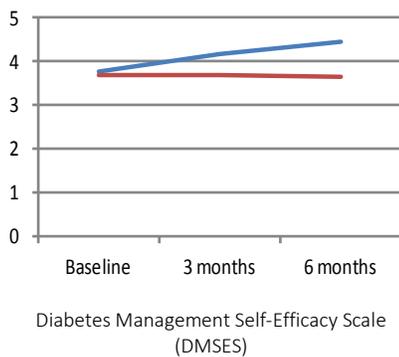
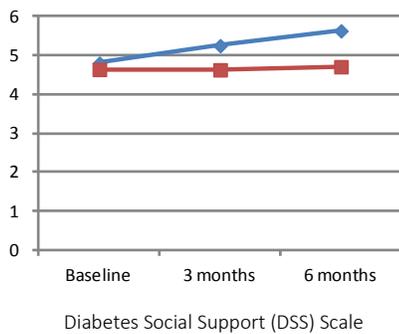
Population: Vietnam is the world's 15th most populous nation with 92 million people.

Socio-economic conditions: Vietnam's economic reforms dramatically reduced poverty rates from 58% in 1993 to 11.8% in 2011. It also has a rapid rate of urbanization, with an urban population of 31% that has been increasing at 3% annually.

Diabetes prevalence: Diabetes prevalence has increased sharply within 20 years, from 1.4% in 1991 to approximately 5.7% in 2007. Vietnam has experienced one of the most rapid increases in diabetes prevalence in the world.

Home to 7.4 million people, Ho Chi Minh City is the most populous metropolitan area in Vietnam. In 1990, diabetes affected only 2.5% of the city's population. Two decades later, that proportion increased to 11%.

Means of the outcome variables at baseline, three-months, and six-months post-intervention



once every two weeks in the next three months. During the calls, peer leaders provided informational support in daily diabetes management and emotional encouragement, and connected

them with professional care providers for clinical issues. Both peer leaders and participants were required to maintain telephone interaction logs to collect data for the evaluation.

RESULT HIGHLIGHTS

Analysis of the telephone logs showed that participants received an average of 6.5 calls during the five intervention months, with an average of 13.6 minutes per call.

The findings of the study indicate that peer support is an appropriate and effective approach to improve and sustain diabetes self-care behaviors in urban settings in Vietnam. With the assistance of peer leaders, patients with type II diabetes received better emotional and information support, and achieved significant improvements in maintaining healthy diets, physical activity, and medication adherence, and reducing their HbA1c levels (charts at left). Most participants in the experimental group felt the peer leaders offered them valuable diabetes self-care support and emotional encouragement, which helped them gain confidence in dealing with their chronic condition.

“Attending this program, the peer leader provided opportunity for me to reflect on diabetes management and establish goals, such as healthier diet, increased exercise levels, and better medication adherence. Each time peer leader called me, it stimulated my thinking. As a result, I felt more confident in managing diabetes.”

“I feel like I am not the only person in this world have diabetes. Now when I have any issue I wanted to share, I call my peer leader.”

A critical success factor seems to have been introducing peer supporters and peers in a group setting, thus providing a warm

hand-off. The group sessions provided a safe and comfortable setting that fostered rapport between peer leaders and peers. The roleplaying activities were valuable not only in allowing peer leaders to hone their support skills, but also by giving participants a genuinely rewarding experience of peer support. Once participants could feel what it was like to receive peer support, they began to appreciate how it could help them personally.

This study has shown that diabetes patients can be a valuable resource for diabetes self-management in Vietnam. In addition, this program model can be adapted to other settings in Vietnam as well.

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