

## Global Meeting Honors Research of Peers for Progress Investigators and Sets Directions Forward



Last week, Peers for Progress and the National Council of La Raza convened a special meeting in San Francisco, California to honor the research of Peers for Progress investigators and invigorate the dialogue on the development of peer support programs around the world. With support from the Eli Lilly and Company Foundation and the Bristol Myers Squibb Foundation's *Together on Diabetes* initiative, Peers for Progress has focused much of its work on diabetes, in light of the global burden of diabetes and because it serves as an excellent model for the prevention and management of most chronic diseases.

The support from the Eli Lilly and Company Foundation enabled us to fund 14 grants in 9 countries on

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6 continents to build the evidence base for peer support in diabetes management [[background on these projects](#)]. Our June meeting in San Francisco, California provided a forum for these investigators to share their findings and lessons learned from an assembly of leaders in diabetes and peer support. In advance of our full meeting report, which will be released in a future newsletter, this summary contains our initial reflections following a very exciting and productive meeting.

### MEETING SUMMARY

The afternoon on the first day was divided into two sessions, one for Peers for Progress investigators and other for the National Peer

Support collaborative Learning Network (NPSCLN). The meeting of Peers for Progress investigators raced through a packed agenda, covering discussions on cross-site evaluations, cost effectiveness and financial analyses, and future publications. On the NPSCLN side, discussions focused on quality assurance, clinical care integration, financial models, advocacy, and the Affordable Care Act.

One of the highlights from the first day was the opportunity to hear from 6 Bay Area peer coaches that participated in the program led by investigators at the University of California, San Francisco. After joining us for the reception and dinner, the peer coaches shared their stories and fielded questions

from the audience. Their irresistible passion for peer support and testimony to the transformations it can engender set the tone for our meeting, inspiring us and reconfirming the importance and impact of our work.

Day Two was organized around presentations from 13 Peers for Progress investigators representing Argentina, Cameroon, Hong Kong, Thailand, Uganda, Australia, United Kingdom, Michigan, Alabama, Texas, and California. Discussants from the NPSCLN and other leaders in the field were invited to give brief reactions in response to the presentations, which opened into general discussion for all participants. The morning sessions focused on outcomes from the trials and the afternoon sessions focused on organizational & program development issues and dissemination & cross-cultural issues.

## MAJOR THEMES

Across the two-day meeting, several themes seemed to resonate among the participants. First, we agreed that *“all peer support is local”*, reflecting our fundamental need for real, human contact. One of peer support’s strengths is its ability to humanize healthcare and narrow the gap between patients and providers.

With respect to chronic disease self-management, participants reminded us to think about ***learning as a continuous process*** that doesn’t end at the conclusion of an instructional course. As one of the peer coaches said on the first evening, the love of learning

is something that she tries to instill in all of her clients. Having peer supporters that can spread and reinforce this attitude will help chronic disease patients with their self-management in the long term.

***Security*** was a new theme that stimulated a great discussion at this meeting. From the patient’s perspective, the course of living with a chronic disease is fraught with insecurity, from diagnosis to daily self-management to coping with setbacks. Additionally, the complexities surrounding health care can often add to these insecurities. Sometimes the insecurity stems from socio-economic problems that need to be prioritized over health. We can think of peer support as a philosophy of care that allows people to live in a more secure environment. This intersection is yet another way in which peer support can directly improve both behavioral health and physical conditions.

Meeting participants were interested in the ***indirect benefits of peer support***, such as building social capital and improvements in family health. As an extension of this conversation, it was suggested that we need to expand the outcomes we are measuring. For example, improving access to healthcare alone is valuable as a primary outcome for peer support programs. And how about measuring the impact of peer supporters on the cultural competency and effectiveness of healthcare providers when they work together in teams?

Finally, participants were keen on the potential of mobile health technology and social media to provide new channels of exchanging peer support. In many

cases, entrepreneurial companies are already making headway in this digital space. While participants seemed to agree that a plurality of channels offers many opportunities for expanding the reach of peer support, they also voiced reluctance to embrace technological solutions as a simple replacement for person-to-person communication. Consensus seemed to settle on the complementarity of “high tech” and “soft touch” rather than one replacing the other.

We hope that this brief summary has provided a taste of the great dialogue we had at our meeting. Please look forward to our future newsletters for resources developed for this meeting as well as the full meeting report.

## COMPENDIUM OF PUBLICATIONS

In preparation for this meeting, we reviewed the literature for peer-reviewed research articles published by Peers for Progress grantees over the past few years, as well as presentations delivered at major scientific conferences. This compilation of publications and presentations represents the contributions of study staff and volunteers around the world. To all of the people that made these publications possible, we would like to express our appreciation for their dedication and our pride in sharing their work.

Please follow the link below to download the list of publications and presentations.

### [Compendium of Publications](#)