

Peer Health Coaching to Improve Glycemic Control in Low-Income Patients with Diabetes

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Peer health coaches offer a potential model for extending the capacity of primary care practices to provide self-management support for patients with diabetes. This randomized controlled trial was conducted to test whether clinic-based peer health coaching, compared with usual care, improves glycemic control for low-income, underserved patients with poorly controlled type 2 diabetes.

Population & Setting

Low-income English- or Spanish-speaking Latino, African American, or White adults with poorly controlled diabetes (HbA1c > 8.0%) selected from 6 community safety net clinics in San Francisco, California.

Who Are the Peer Supporters?

Patients with type 2 diabetes and HbA1c levels < 8.5% who had a basic knowledge of diabetes self-management and demonstrated supportive and non-judgmental communication skills were recruited to be a part of the study. Eligible peer coaches were screened to ensure they: a) were able to read and write in English or Spanish, b) planned to reside in San Francisco and continue receiving care at 1 of the 6 participating clinics for 12 months, c) had a telephone, d) were willing to attend a 36-hour training program, work with patients, and track encounters for at least 6 months, and e) would attend a monthly coach meeting to discuss patients. A total of 37 patients who met these criteria were enrolled to train as coaches.



FOUR KEY FUNCTIONS

Assistance with Diabetes Management in Daily Living

Peer coaches were trained to help patients read and understand medication instructions, to familiarize them with HbA1c, LDL, and blood pressure readings, to incorporate activity and healthy eating into their daily life, and to share the importance of limiting or quitting alcohol and nicotine

Social/Emotional Support

Peer coaches were trained to recognize “red flags” of depression and guide clients to seek help from trained health care professionals, and also to build a social network by positively engaging family, friends, and care-givers

Linkages to Care

Peer coaches were trained to navigate clinic and community resources

Ongoing Support over Time

Peer coaches were trained to provide ongoing support for clinical visits and interactions with clinicians

Peer Supporter Training and Quality

Assurance

Peer coaches attended 36 hours of training at the San Francisco General Hospital led by three study team members. Training was conducted in English and Spanish using a curriculum developed by the study team. Curriculum modules included the basics of diabetes, diabetes medications and medication reconciliation, working collaboratively with patients (e.g., coaches referring to patients as clients), recognizing medical “red flags” such as symptoms of hypoglycemia, and navigating the clinic and accessing community resources. Furthermore, peer coaches were trained to interact with clients using active listening and non-judgmental communication, to help them with diabetes self-management skills, to provide social and emotional support, to assist with lifestyle change, and to facilitate medication understanding and adherence.

After 3 waves of training, a total of 26 coaches who had attended all sessions, demonstrated competency during the training, and passed both written and oral examinations were designated as peer coaches. Trainees were paid \$150 for completing the training regardless of whether they passed. The study team held monthly group meetings with peer coaches in order for the coaches to provide support to one another by talking with each other and also to give them the opportunity to discuss with the research team any concerns they had about the study.

Peer Supporter Roles & Responsibilities

Peer health coaches were instructed to:

- interact with clients in-person or by telephone
- call clients every other week
- have 3 face-to-face visits, one preferably during a clinical visit

During the 6-month intervention, the majority of interactions (76.6%) were by telephone. Coaches received \$25/month for each client they coached.

Unique Features or Strengths

Peer coach training, materials, and ongoing support were offered in both English and Spanish, the two most commonly spoken languages at participating safety net clinics. Training skills included teaching low-literacy patients about cardiovascular risk reduction, as well as helping them to understand medication instructions and their clinician’s care plans. Furthermore, clients were paired

TRAINING SUMMARY

Duration: 36 hours

Content:

- Working collaboratively with patients (a.k.a. clients)
- Basics of diabetes & self care
- Navigating the clinic
- Accessing community resources
- Coaching techniques, i.e.
 - Active listening and non-judgmental communication
 - Self management implementation
 - Social and emotional support skills
 - Lifestyle change assistance
 - Facilitation of medication understanding and adherence

Evaluation: Need to pass written & oral exams

Languages: English & Spanish

with a coach based on their preference after looking through a booklet containing personal profiles of peer coaches (“baseball cards” for those familiar with the U.S. sport). Profiles included a photo and brief self-description of their background, hobbies, language, and coaching availability.

Major Challenges & How They Were Addressed

- **Integration into clinical services:** Conducting the study within safety net clinics was challenging because the study was not a top priority for clinic leadership and personnel. This was reflected in a delay in peer coach recruitment, as well as a disconnect between peer health coaches and the clinical care team (i.e., difficulty for coaches to access a patient’s labs essential for follow-up discussion). Although a member of the clinic was secured to be clinic liaison, in most cases they were unable to connect with the peer coaches due to their busy day-to-day clinical roles and responsibilities. Towards the end of the intervention period, arrangements were made for coaches to receive the HbA1c levels of their clients.
- **Retention of peer coaches:** In some cases when a peer coach dropped out before the end of the study, their clients opted to drop out of the study rather than choose a new coach. To provide support for peer coaches the study team was in contact with them between monthly meetings and they were encouraged to call the Project Director or any of the other coaches with any concerns.
- **Monitoring peer support delivery:** Tracking peer coach interactions was difficult using the paper and pen method. It was important to provide peer coaches with regular support and training to maintain and refresh their skills and motivation.

LESSONS LEARNED

- Patients should be nominated to be peer health coaches by their clinician or a diabetes nurse/educator in the practice
- Training should include two types of materials:
 - a) coaching techniques and b) easy-to-understand information on diabetes, hypertension, cholesterol, and depression
- Peer health coaches and patients should ideally be introduced at the clinic
- It is important there be a connection between the peer health coaches and clinical care teams
- Peer health coaches should meet at least monthly as a group to provide support for one another

Key Results & Major Accomplishments

This study showed a statistically significant reduction in HbA1c levels for low-income and underserved patients with poorly controlled type 2 diabetes who received clinic-based peer coaching, compared to those who received usual care. Patients that benefitted most from peer coaching had poorer self-management support and lower levels of medication adherence at baseline. Peer coaches trained for this study not only had in common with their clients the experience of living with type 2 diabetes, but they also faced similar financial, housing, and social issues.

RESOURCES	<ul style="list-style-type: none"> ➤ Site & Intervention Characteristics ➤ Peer Coach Recruitment Flyer ➤ Peer Coach “Baseball Card” Example ➤ UCSF Health Coach Training Curriculum ➤ Patient Contact Log
PUBLICATIONS	<ul style="list-style-type: none"> ➤ Rogers, EA et al. Diabetes peer coaching: do "better patients" make better coaches? <i>The Diabetes Educator</i>. 2014 Jan-Feb;40(1):107-15. ➤ Moskowitz, D et al. Peer coaching to improve diabetes self-management: which patients benefit most? <i>Journal of General Internal Medicine</i>. 2013 Jul;28(7):938-42. ➤ Thom, D et al. Impact of peer health coaching on glycemic control in low-income patients with diabetes: a randomized controlled trial. <i>Annals of Family Medicine</i>. 2013 Mar-Apr;11(2):137-44. ➤ Goldman, ML et al. How do peer coaches improve diabetes care for low-income patients? A qualitative analysis. <i>The Diabetes Educator</i>. 2013 Nov-Dec;39(6):800-10. ➤ Margolius, D et al. Health coaching to improve hypertension treatment in a low-income, minority population. <i>Annals of Family Medicine</i>. 2012;10(3):199-205. ➤ Ghorob, A et al. The effectiveness of peer health coaching in improving glycemic control among low-income patients with diabetes: protocol for a randomized controlled trial. <i>BMC Public Health</i>. 2011;11:208.

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