

Diabetes Education and Support: Two Complementary Halves

Peer supporters and diabetes educators discuss roles, practice challenges, and quality improvement at the AADE Conference

KEY FINDINGS

Peer supporters reported that they found the presentations of AADE meaningful and engaging, and took away practical lessons that could be applied to their day-to-day work in diabetes management.

Peer supporters felt they were an effective extension to the work of diabetes educators, and that peer support was an asset in providing support to patients.

Although they came from different parts of the country, the peer supporters reported similar challenges in their practice, such as reaching the hardly reached, changing patients' lifestyles, and experiencing barriers related to lack of resources and information.

The improvement of peer support work should be driven by efforts of both peer supporters and peer support programs.



This August, Peers for Progress organized a delegation of six peer supporters, including four Community Health Advisors from Alabama and two *Líderes* (leaders) from Southern California, to attend the 2014 American Association of Diabetes Educators (AADE) Conference. This was the first time that peer supporters have been invited to participate in the AADE annual meeting. Providing an opportunity to advocate for peer support and network with colleagues, the delegation enabled peer supporters and diabetes educators to engage on equal footing in the co-production of care, knowledge, and support for patients with diabetes.

Generated from our experience at AADE14, this report highlights the complementarity of the work performed by peer supporters and diabetes educators by examining similarities in their roles, challenges in practice, and strategies for improvement.

My impression of the 2014 AADE Conference was a great one. I was able to learn from other people that have the same mission as we do, and exchange ideas and grasp new information that can be implemented and utilized in rural areas.

Líder, California

OVERVIEW OF ACTIVITIES

Peer support engagement at the conference centered around three activities:

1. The AADE keynote speaker, Martha Funnell, along with Dr. Andrea Cherrington from the University of Alabama at Birmingham, met with delegates over breakfast for an open conversation about peer support in diabetes management.
2. Dr. Ruth Lipman of AADE led a focus group discussion with the peer supporters to explore training, current practices, and challenges surrounding peer support.
3. Dr. Andrea Cherrington, along with one of the peer supporters, gave a presentation to highlight peer supporters' work in diabetes management and best practices for incorporating peer supporters in diabetes care.

As far as meeting with the experts, I was pleasantly surprised at how humble, easy going, and down to earth they all were. I felt like they also learned from us as we spoke in a closed and one-on-one environment. I would gladly attend any and all future meetings.

Líder, California

Peer Support Practice and Challenges

This section explores peer supporters' perspectives on their roles within the community, assessments of their contributions, and major challenges.

Role of peer supporters in diabetes management

Peer supporters described their role as a liaison between patients and professional health care providers, such as diabetes educators.

When it came to patient support, their key roles were to assist patients with daily diabetes management (e.g., helping patients set goals for their diabetes management plans), provide emotional support (e.g., being a good listener and providing encouragement on patients' progress), and link patients to clinical and community services (e.g., connecting patients with care clinics, and providing them information about nutrition and other resources).

In addition, peer supporters often gave monthly talks about weight control, nutrition, exercise, and lifestyle changes to manage diabetes and even prepared healthy foods to motivate patients to change eating habits and attend educational sessions.

Given the range of their roles, all of the peer supporters stated that they enjoyed the conference activities, which spanned a variety of diabetes topics.

Complementary roles between peer supporters and diabetes educators

Peer supporters generally agreed that because they were peers and "equals" of their patients, there were fewer barriers in gaining community acceptance and patient trust. **Forging relationships with community members allowed peer supporters to provide self-management support and contributed to the success of diabetes education programs.** For instance, peer supporters said that their ability to reach patients and establish a trusting relationship improved patient willingness to engage with health care professionals. They also prompted patients to communicate more openly with their health care providers.

Diabetes educators recognized how peer supporters could complement their efforts. One diabetes educator spoke of consistently low retention rates in her diabetes education sessions. Since peer supporters can maintain follow-up rates of up to 90%, they can drive up attendance in diabetes education courses and keep patients engaged. Furthermore, peer supporters regularly share resources about diabetes education programs to patients.

In a lot of cases, peer supporters are great forces to help diabetes educators. They are more welcome by the patients than diabetes educators because peer supporters share the same culture.

**Certified Diabetes Educator,
Alabama**

It's not all about clinical outcomes. The success of peer support work in diabetes could not be measured solely by HbA1c levels because there is a relationship between mood and diabetes. And many patients made improvements in ways that were not clinically measured.

**Community Health Advisor,
Alabama**

It was humbling to listen to the shared experience of the peers. They provide much needed insight about the barriers and challenges facing the rural poor.

Ruth Lipman, AADE

Overcoming limitations

When asked about peer support, many providers at the AADE meeting were either unfamiliar with the concept or confused it with diabetes education. However, when speaking about challenges in the field, the connections between peer supporters and diabetes educators were striking.

For instance, diabetes educators emphasized how they lacked the time and resources to provide ongoing support to patients. On the other hand, peer supporters highlighted how limited access to information was a barrier to providing optimal care for patients. In these ways, even without directly stating it, **diabetes educators and peer supporters acknowledged the importance of each other's positions.**

Major challenges of peer supporters

Although the peer support delegation came from different parts of the country, they shared similar concerns in providing peer support. A number of challenges were identified with respect to patient outreach, lifestyle modification, and access to resources.

Practice-based challenges

Reaching the hardly reached: Peer supporters recalled various stories about patients not utilizing health care resources or enrolling in support sessions. In addition to structural barriers, such as lack of health insurance or difficulties with transportation, some patients refused to see a doctor or have their blood sugar/blood pressure checked because they were afraid to learn what doctors might tell them. In other cases, some patients, particularly men, thought they knew all there was to know about diabetes or believed that they were cured and would not need to join a support group. However, peer supporters reported being able to “break through” to patients who were not willing to speak with doctors or who needed the most help.

Changing eating habits: There was consensus that “people love their food.” Peer supporters discussed how it was hard to convince patients to change their eating habits, especially when foods are so intimately tied to cultures and traditions.

Encouraging patients to take medications: Peer supporters stated that many of their patients could not afford medications or experienced other barriers (e.g., unpleasant side-effects, not understanding the need for medications) that led them to have poor medication adherence.

Diabetes management is like a target that requires lifetime support. You've got to take a bunch of balls and throw them all at the target to see what sticks. That's why peer supporters are so critical. They have time and the innate ability to cut through and reach patients.

Andrea Cherrington, Alabama

We feel that the AADE meeting is very beneficial to peer supporters because it's very practice-based. We should sponsor peers to attend the meeting like this as a way to re-energize them, refresh their knowledge, and help them network.

Peer Support Program Manager, Alabama



Programmatic challenges

Lack of financial resources: Most peer support patients were reported to be below 200% of the federal poverty line and most interventions were grant-based. Therefore, limited finances served as a major barrier for peer supporters in providing help to their patients.

Lack of transportation: In many cases, peer supporters reported that patients understood the benefits of peer support and would have liked to attend education sessions and/or met with peer supporters. However, many patients could not attend sessions because they lacked money to pay for transportation or they lived in rural areas with underdeveloped public transportation systems.

Lack of technology: For peer supporters living in rural or remote areas (e.g., Black Belt, AL or El Centro, CA), limited access to the Internet was reported to be a barrier to access necessary information for peer support activities. Communication between peer supporters and their patients in remote areas was mainly done over telephone, yet many peer supporters reported that patients often lacked sufficient cell phone minutes to make these calls.

Limited information and materials: Because peer support programs are predominantly grant-based interventions with durations ranging from three months to two years, peer supporters reported that materials about nutrition, exercise, and other diabetes care activities were often outdated because they were not kept up to date after programs ended.

Recommendations for Quality Improvement

Peer supporters explored their own roles in their communities and strategies that could be used to improve their practice. The goal was to compile suggestions for use by other peer supporters to improve the quality of their programs.

Practice-based improvements for peer support:

- Ask patients how diabetes is affecting their lives, help identify problems, and assist in patient-centered goal setting.
- Work closely with certified diabetes educators and other health providers to ensure optimal support is provided in a timely manner.
- Maintain a well-balanced combination of group sessions and individual sessions to mobilize group support while still being able to focus on individuals.
- Be aware and considerate of patients' confidentiality and community concerns (e.g. perceived stigma against people with diabetes).
- Be creative in encouraging people to participate in diabetes management activities and lifestyle changes, such as preparing healthy foods at the church, discussing diabetes care in group sessions, and creating healthy recipes that are modified from traditional dishes.
- Be patient and encourage patients to make gradual changes in their eating habits and lifestyles instead of taking too many big steps at one time.
- Customize the lifestyle change plan to fit each patient and make sure to go over what steps can be taken.
- Be an active navigator in helping patients communicate with their doctors.
- Be creative in applying support strategies with different patients. For example, tough love may be helpful for some, but not all.
- Involve family members and social networks in diabetes self-management education and help them learn how to assist loved ones living with diabetes.

Programmatic improvements for peer support:

- Personalize training materials by developing an individual training package for each peer supporter.
- Create training and education materials in languages for the target audience using different forms of media, such as video.
- Provide ongoing training from dietitians and other health care providers on specific topics identified by peer supporters (e.g., insulin usage, nutrition, exercise).
- Guide peer supporters in accessing technology on the Internet. Provide training on computer use and technology applications for peer support.
- Keep peer supporters informed about updates on policy changes regarding peer support practice, such as eligibility for benefits.
- Create more opportunities for peer supporters to attend conferences that cover practice-based topics, which help enrich their knowledge and provide opportunities for networking.
- Provide updated educational materials so that peer supporters are able to provide accurate information to their patients.
- Identify and maintain continuous funding resources for programs and peer supporters, particularly since chronic disease is a lifetime health issue.