Population-Focused Peer Support to Reach Those Not Receiving Recommended Diabetes Services

Diana M Urlaub, MPH1,2, Humberto Parada, MPH1,2, Juana Ballesteros, BSN, RN, MPH3, Yudy Galvan3, Manuela McDonough, MPH4, Edwin B Fisher, PhD1,4

1Peers for Progress, 2UNC Gillings School of Global Public Health, 3Alivio Medical Center, Chicago, IL, 4National Council of La Raza, Institute for Hispanic Health

1. Background
- Only 57% of people with diabetes are estimated to receive diabetes self-management education and support.1
- Hispanics are less likely than other racial/ethnic groups to receive yearly recommended services (13% Hispanic, all races; 18% Black, 27% White).2

2. Objective
- Population-focused peer support strategies to reach and engage all patients with diabetes

3. Methods
- Setting: Alivio Medical Center, a federally qualified health center in Chicago serving a predominantly Latino population
- Design:
  - Develop and evaluate effective strategies for integrating peer support, community-based services and primary care Patient-Centered Medical Home resources
  - A High Need group (n = 471; HbA1c>8%, elevated psychosocial needs, or physician referral) receives biweekly contact for 6 months and then monthly until they no longer meet criteria
  - Regular Care: includes quarterly contacts, group classes, activities, support groups, and “point of care marketing” from peer supporters present in waiting rooms and at clinic visits
- Strategies: Flexible, nondirective strategies are used to engage patients in peer support and include:
  - low demand - an initial call to describe and offer services
  - repeat calls in 2-4 wks. to “check in with” not “check up on”
  - two-year availability to patient
  - after patient is engaged, begin working on individually chosen goal from set of key self management behaviors such as healthy eating, etc.

4. Results
- Since August 2012, 8 peer supporters have attempted to engage 3,271 patients with diabetes at Alivio Medical Center.
- To date, we have reached 2,865 or 84% (Figure 1).
- To date, we have engaged 2,425 or 74% (Figure 2).

5. Discussion
- Peer support reached the “hardly reached,” those who lack adequate access to healthcare because of cultural, linguistic, social and/or economic barriers.
- Peer support can be organized, implemented and sustained to meet the needs of all those for whom a program is designed (e.g. all patients with diabetes), not just a few hundred enrollees.
  - Our program has actively engaged 2,425 of 3,400 (74%) adult patients with type 2 diabetes into ongoing peer support for diabetes self-management services.
  - Peer supporters contact patients by telephone, meet with them during clinic visits and hold support groups and educational classes at the clinic and other locations in the community.
- This reflects additional research showing that peer support has led to better diabetes health outcomes, including improved HbA1c, especially in those with the highest baseline needs and lowest initial adherence to medication.3

6. References

Contact:
Diana M Urlaub, MPH (919) 843-2880 diana_urlaub@unc.edu
Humberto Parada, MPH (919) 636-9236 hparada@live.unc.edu
www.peersforprogress.org
Contact us to obtain a fully customizable Access database, SPSS codes and visualization package to use as templates for your program.

Funded by: