Bridges To a Better Life/*Puentes Hacia una Mejor Vida*

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Bridges to a better life/*Puentes hacia una mejor vida* was a collaborative study between the Institute for Behavioral and Community Health affiliated with San Diego State University Research Foundation and *Clínicas de Salud del Pueblo, Inc. (Clínicas)*, a federally qualified health center. This randomized controlled trial (peer support intervention versus usual care) was designed to research potentially efficacious and disseminable methods for delivering a volunteer-based peer support intervention through community health centers serving a U.S. Latino/Hispanic community on the U.S.-Mexico border in California.

Population & Setting

Mexican/Mexican-American adults randomly selected from the patient rosters of three of *Clínicas'* largest health centers located in Brawley, El Centro, and Calexico, CA.

Who Are the Peer Supporters?

Peer leaders (*lideres*) were required to have previous diabetes education or significant experience helping someone manage their diabetes. Invitation letters were mailed to *Clínicas'* patients who had completed the diabetes education program and the study coordinator followed up with a telephone call. Peer leaders were also recruited one-on-one by members of the Department of Programs at *Clínicas* from among their social networks and clinicians were asked to refer patients they thought would make a good leader. Eligible peer leaders were screened to ensure they, a) could read and speak Spanish, English, or both, b) were living with or had provided extensive care for someone with diabetes, c) were willing to provide support to several patients for at least 12 months, and d) planned to remain in the study area for 12 months. A total of 34 peer leaders were enrolled in the study.

Four Key Functions Based On Intervention Modality

	Clinical Tours	Support Groups	Home Visits
Assistance with Diabetes Management in Daily Living	What your clinic has to offer	Problem solving barriers to medication use	Improving family communication
Social/Emotional Support	Working with your health care providers	Walking groups	Family dynamics and illness
Linkages to Care	Introduction to diabetes education program	Community visits	Treasure hunt
Ongoing Support over Time	Other resources: ADA, hospitals	Building positive and supportive social networks	Changes that last: R-MESA

Peer Supporter Training

Peer leaders attended 40-50 hours of training. Each clinic based their training format and structure on what worked best for the peer leaders (e.g., 3 days a week for 6 hours, 4 evenings a week for 4 hours). Training materials included manuals for both trainers and peer leaders, each consisting of 10 lessons on the following topics: building your opportunities as a volunteer, providing support for diabetes, diabetes and nutrition, diabetes and physical activity, diabetes and emotional health, diabetes and medical management, how to conduct a home visit, how to conduct a visit to the clinic, how to conduct a support group, and how to monitor your activities. Two supplementary trainings were developed on how to lead physical activity support groups and cooking support groups.

Peer Supporter Roles & Responsibilities

Peer leaders were assigned 5-8 patients each and they were instructed to contact them a minimum of 8 times during the first 6 months and as needed during the subsequent 6 months of the 12-month intervention. Contact was to occur in the following order: a) introductory phone call, b) introductory letter, c) home visit and delivery of a welcome packet that included a business card, a copy of the welcome letter, and a 10-page pamphlet with key pages from the peer leader training manual. Peer leaders had the option of conducting all remaining contact by way of supportive telephone calls, home visits, support groups, or clinic tours depending on the preferences of the peer leader and the patient. Contact was primarily in the form of one-on-one visits and by telephone.

TRAINING SUMMARY

Duration: 40-50 hours

Content:

- Building your opportunities as a volunteer
- Providing support for diabetes
- Diabetes and nutrition
- Diabetes and physical activity
- Diabetes and emotional health
- Diabetes and medical management
- How to conduct a home visit
- How to conduct a visit to the clinic
- How to conduct a support group
- How to monitor your activities

PLUS two supplementary trainings on how to lead physical activity support groups and cooking support groups

Approach: Didactic and interactive components and opportunities to share personal experiences and to practice the skills

Evaluation:

- Diabetes knowledge*: post-training, plus 6- and 12-mos post-baseline
- Open-ended questions*: 6- and 12-mos post-baseline
- Satisfaction with training and program support: 6- and 12-mos post-baseline

* Participants who scored <80% on the test were given additional instructions in key areas

Languages: English & Spanish

Unique Features or Strengths

The peer support interventions were tailored to address the socio-ecologic perspective. Particularly, peer supporters had the flexibility to help and support diabetes self-management behaviors in multiple contexts (home, community, and clinic).

Major Challenges & How They Were Addressed

- **Reach and engagement:** In the first 6 months an average of only 4 contacts was achieved despite several attempts to contact patients. Peer leaders were encouraged to tell project staff which patients they were having trouble engaging and the patient tracking form was adapted to make it easier to complete. To motivate peer leaders and keep them engaged, 6- and 12-month celebrations were held to strengthen family support for their participation and bi-weekly meetings were held with the Program Coordinator.

LESSONS LEARNED

- Travel distance and lack of access to public transportation can present challenges for both peer leaders and patients.
- Lack of patient engagement significantly impacted peer leaders engagement.

- **Travel expenses:** A major barrier for peer leaders in maintaining contact with their assigned patients was out-of-pocket expenses due to inadequate public transportation in this rural community. To compensate, peer leaders were provided gas cards valued at $15 per month at their 6-month anniversaries.

Key Results & Major Accomplishments

Volunteer peer support models compliment paying models and both are essential for community clinics to adequately reach those in rural and resource-poor communities. With intervention participants exhibiting a 0.4% reduction in HbA1c, compared to no change in HbA1c with controls, this volunteer-based intervention significantly improved HbA1c levels. Small improvements in dietary intake of fruits and vegetables and fast food were also observed in the intervention versus control group participants. In addition, participants in both conditions reported greater use of planned health care to support their diabetes, more frequent self-monitoring behaviors, and greater adherence to medication use.

RESOURCES	➢ Site & Intervention Characteristics ➢ Lider Training Manual ➢ Screening Questionnaire (English & Spanish) ➢ Recruitment Letter (English & Spanish) ➢ Recruitment Script (English & Spanish) ➢ Application Form (English & Spanish) ➢ Patient Contact Sheet (English)
PUBLICATIONS	➢ Melvin, CL et al. **Workshop Working Group on CVD Prevention in High-Risk Rural Communities. Developing a research agenda for cardiovascular disease prevention in high-risk rural communities.** *American Journal of Public Health.* 2013 Jun;103(6):1011-21. ➢ Parada, H et al. **Correlates of medication non-adherence among Latinos with type 2 diabetes.** *Diabetes Educator.* 2012;38(4):552-61. ➢ Cherrington, A et al. **Developing a family-based diabetes program for Latino immigrants: do men and women face the same barriers?** *Family and Community Health.* 2011;34(4):280-90. ➢ Ayala, GX and Elder, JP. **Qualitative methods to ensure acceptability of behavioral and social interventions to the target population.** *Journal of Public Health Dentistry.* 2011;71 S69-S79. ➢ Tang, T et al. **A review of volunteer-based peer support interventions in diabetes.** *Diabetes Spectrum.* 2011 Mar 31;24:85-98.

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