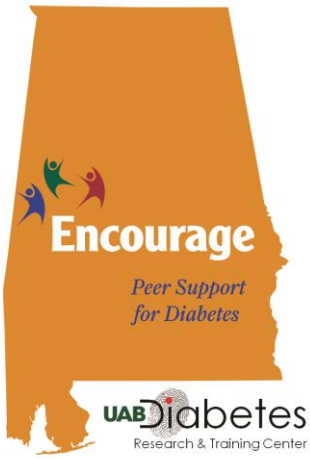
Encourage: Evaluating Community Peer Advisors and Diabetes Outcomes in Rural Alabama

Monika M. Safford, MD
Division of Preventive Medicine
University of Alabama
Birmingham, AL



Diabetes is highly prevalent in the South and rural residents have a higher incidence of negative outcomes. This cluster randomized trial was conducted to determine if volunteer peer support added to diabetes education is superior to education alone in improving diabetes outcomes.

Population & Setting

Rural residents with diabetes living in low resource communities in Alabama's Black Belt, where 80% of residents are African Americans.

Who Are the Peer Supporters?

Peer advisors were individuals who were either living with diabetes or had experience helping a close friend or family member with their daily diabetes self-care. Eligible peer advisors: a) wanted to help others, b) were willing to work with 3-6 participants over 12 months, c) attended a 2-day training session, and d) attended participant enrollment days. A total of 68 peer advisors were recruited for training.

Peer Supporter Training and Quality Assurance

Peer advisor training occurred in venues within Alabama's Black Belt on 2 consecutive Saturdays and included interactive didactic sessions and hands-on practical training. The training manual contained chapters on diabetes basics, taking medicines, healthy eating, physical activity, stress management/mental health, getting the most out of doctor's visits, communicating with clients and goal setting, problem solving and overcoming barriers, community resources, protocols, research and ethics, and safety in the community. Activities during the first day of training included role-playing to teach motivational interviewing skills and goal setting, lunch as an opportunity to model healthy eating, and exercising together to familiarize peers with the study's exercise DVD. On the second day of training, peers were certified using a checklist of rudimentary mastery of skills related to

Four Key Functions

Assistance with Diabetes Management in Daily Living

Peer advisors used motivational interviewing skills to set realistic, achievable goals with the client and identify a monitoring plan to track progress

Social/Emotional Support

Peer advisors encouraged and motivated clients by modeling positive attitudes, beliefs, and behaviors

Linkages to Care

Peer advisors were trained to recognize situations that required input from the health care team, which included a physician, nurse, and pharmacist

Ongoing Support over Time

Peer advisors provided support weekly by telephone for a length of time optimal for the peer-client pair, then monthly thereafter

supportive listening, motivational interviewing, and realistic goal setting; 28 peers were certified. Of the remaining 40, 18 opted to participate in remediation training, after which 13 additional peers were certified for a total of 41 peer advisors. During the first 4 weeks of the intervention, continuing education and support were provided through weekly conference calls with monthly calls thereafter. Community coordinators held monthly in-person meetings to give peer advisors an opportunity to share experiences and troubleshoot problems. In addition, community coordinators and peer advisors contacted each other at least biweekly, which was helpful for bringing to attention any issues or problems related to peers and/or clients that needed to be addressed.

TRAINING SUMMARY

Duration: 2 days, 6 hrs each

Content:

- Diabetes basics
- Taking medicine
- Healthy eating
- Exercise and active living
- Stress management and mental health
- Getting the most out of your doctor visit
- Communication and goal setting
- Problem solving and overcoming barriers
- Knowing your limitation, tapping into your community resources, asset mapping, and community empowerment
- Research and ethics

Focus on:

- Interactive discussions
- Principles of motivational interviewing
- SMART goals

Approach: Based on adult learning theory – Interactive sessions & role-playing

Evaluation: Certification with an opportunity for remediation training and re-certification

- Working knowledge of diabetes basics (open-book quiz)
- Coaching skills – Use collaborative, client-centered approach; Help set SMART goal (observed role play)

Language: English

Peer Supporter Roles & Responsibilities

Each peer advisor worked with 5-8 clients according to the following protocol:

- an initial 45-60 minute baseline needs assessment conducted face-to-face in the week following Enrollment Day
- weekly telephone calls for approximately 8-12 weeks, depending on what was optimal for the peer-client pair
- monthly telephone calls for the remainder of the 12-month intervention

In addition, peer advisors made a special telephone call to clients prior to each doctor visit to help prepare them for the visit. They also made a post-visit call.

Unique Features or Strengths

Although initial meetings with peer advisors and clients were fairly structured with a "get to know you" segment and selecting an initial focus of coaching sessions, follow-up sessions were quite unstructured. Focus areas were highly individualized with the client choosing which aspect of self-care they wanted to work on for improvement. Session content was also highly individualized because topic areas were not predefined, except for the session designed to occur shortly prior to a doctor visit. Peer advisors used that time to prep clients for getting the most out of doctor visits by using a concept developed for this study called "Raise the Bar" – Be prepared; Ask and learn; Reflect and reach out.

Major Challenges & How They Were Addressed

- **Peer advisor selection:** Partnering communities had a high level of functional illiteracy. A longer time horizon might have permitted the training of functionally illiterate individuals as peers, but due to the short timeframe of the study a literacy screen was included early in the recruitment process.
- **Peer advisor certification:** Many potential peer advisors did not become certified after training due to an inability to demonstrate rudimentary proficiency with goal setting or motivational interviewing skills, or an inability to read well. Remediation training, which included sessions over the phone with university study staff and also community coordinators, was offered to any peer who remained interested in becoming a certified peer advisor.

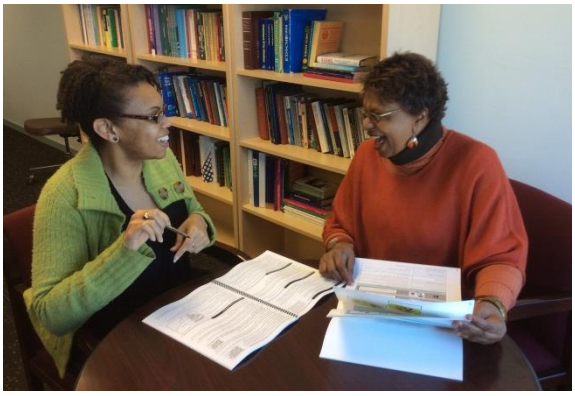
LESSONS LEARNED

- Community engaged research tends to attract participants who may not meet the study's guidelines; in-home data collection is better for reaching the target population
- To enhance acceptability of randomization and control group membership, providing a one-hour diabetes education program to both trial arms is beneficial
- Incentive programs are helpful for getting peer advisors to fill out their contact records and hand them in

- **Reach and engagement:** Client contact forms were designed to help peer advisors keep track of each client's goals and to remind them of what they learned during training. To confirm that the recorded information actually reflected the content of the sessions, a video tool was created to assess key features of peer training, including supportive listening and realistic goal setting.
- **Peer retention:** The close relationship between community coordinators and peer advisors resulted in early notification that a peer may need to drop out of the program, permitting time to plan for how to handle the peer's clients.
- **Participant retention:** The study experienced relatively low retention at follow-up and switched to an option for in-home data collection to maximize retention. Although 85% retention was achieved, this came at the expense of a longer time than one year between baseline and follow-up for many participants. As a result, the study's main analysis utilized generalized additive mixed models which reflected intervention effects over time.

Key Results & Major Accomplishments

Culturally adapted diabetes education resulted in improved diabetes knowledge and health behaviors. Participants in both study arms ate more fruits and vegetables and reported better adherence to a medication regimen. Compared to control arm participants, intervention arm participants lost more weight and had improvements in blood pressure, quality of life, and activation, but similar HbA1c and cholesterol. These effects varied over time.



RESOURCES	➢ Site & Intervention Characteristics ➢ Training Curriculum ➢ Peer Advisor Training Evaluation Form ➢ Recruitment Flyer ➢ Peer Advisor Interest Talking Point/Screening Form ➢ Client Contact Log
PUBLICATIONS	➢ Lewis, MW et al. **Assessing peer advisor intervention fidelity using video skits in a peer support implementation trial.** *Health Promotion Practice.* 2014 Jan 30. ➢ Herbert, MS et al. **Association of pain with HbA1c in a predominantly black population of community-dwelling adults with diabetes: a cross-sectional analysis.** *Diabetic Medicine.* 2013 Dec;30(12):1466-71. ➢ Andreae, SJ et al. **Recruitment of a Rural, Southern, Predominantly African-American Population into a Diabetes Self-Management Trial.** *Contemporary Clinical Trials.* 2012;33(3):499-506. ➢ Sewell, K et al. **Perceptions and Barriers to Usage of Generic Medications in Rural African-American Population.** *Preventing Chronic Disease.* 2012 Aug;9:E142.

FOR MORE INFORMATION, PLEASE CONTACT:

Susan Andreae
Program Manager
University of Alabama at Birmingham
Email: sandreae@uabmc.edu