Peer-Led Self-Management Support in "Real-World" Clinical Settings

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PLEASED
Peer-Led, Empowerment-based, Approach to Self-management Efforts in Diabetes.

Improvements achieved through diabetes self-management education (DSME) are short-lived without ongoing diabetes self-management support (DSMS). This randomized controlled trial compared a more intensive peer leader DSMS intervention with a less intensive community health worker (CHW) DSMS intervention conducted at a federally qualified health center as two possible approaches to maintain over a 12-month period health-related gains achieved through an evidence-based, CHW-led, 6-month DSME program.

Population & Setting

Spanish- and English-speaking Latino adults in Southwest Detroit, MI with type 2 diabetes.

Who Are the Peer Supporters?

Peer leader candidates had to: a) have type 2 diabetes, b) be a resident of the southwest Detroit community, c) be ≥ 21 years old, d) be bilingual in Spanish and English, e) be a graduate of Journey to Health, an evidence-based, CHW-led, 6-month DSME program, f) have transportation to attend training, and g) be willing to commit to 3 months of training. A total of 8 peer leaders were recruited for training.

Peer Supporter Training and Quality Assurance

Peer leaders underwent a 46-hr training program over 12 weeks. The training consisted of 3 main components: review of basic diabetes information; communication, facilitation, and behavior modification skills; and practice applying skills in experiential learning scenarios. Specifically, peer leaders were trained to help patients build motivational interviewing skills, apply empowerment-based facilitation strategies, set goals, develop action plans, and problem solve. To graduate successfully, candidates had to meet the pre-established competency criteria for four domains: diabetes

Four Key Functions

Assistance with Diabetes Management in Daily Living

Peer leaders helped patients set goals for a self-identified issue, then develop & execute an action plan

Social/Emotional Support

Peer leaders listened to patients and provided support for psychosocial issues

Linkages to Care

Peer leaders helped patients develop strategies for navigating the health care system

Ongoing Support over Time

Peer leaders provided continued self-management support through weekly drop-in sessions or telephone calls

knowledge, active listening, empowerment-based facilitation, and self-efficacy. Seven of the 8 peer leaders recruited for training completed the training program and achieved the criteria for all four competency domains. To keep up morale and engagement, monthly peer wellness sessions led by CHWs with a meal were held. For any questions or issues, peer leaders were encouraged to contact the CHW assigned to support them, the CHW supervisor, or the Principal Investigator.

Peer Supporter Roles & Responsibilities

Peer leaders provided support through weekly group-based sessions and follow-up telephone calls. They helped patients set goals using the following 5-step goal-setting model:

- exploring a participant-identified problem
- discussing the emotional impact of the problem
- selecting a self-management goal
- developing an action plan
- executing and evaluating the action plan

Peer leaders also provided support to patients by discussing psychosocial concerns, identifying facilitators and barriers to behavior change, taking inventory of support sources, and developing strategies to navigate the health care system. To ensure regular contact with each patient, peer leaders made a telephone support call to any patient who had not attended a DSMS session for over 3 consecutive weeks. During the support calls, peer leaders facilitated a conversation that closely mirrored support activities conducted in the group setting.

TRAINING SUMMARY

Duration: 46 hours

Content:

- Patient empowerment
- Making changes
- What is diabetes
- Healthy eating
- Stress, coping and depression
- Solving problems
- Physical activity
- Acute complications
- Long-term complications
- Diabetes medications
- Monitoring your blood sugar PLUS booster training sessions

Approach: Knowledge acquisition, skill development, and experiential learning (i.e., simulations & role playing)

Evaluation:

- Certification (3 attempts to pass all 4 domains)
  - Diabetes-related knowledge (80% correct)
  - Active listening skills (standardized patient scenario)
  - Empowerment-based facilitation (video vignettes)
  - Self-efficacy (core skills questionnaire)
- Program satisfaction & perceived efficacy evaluation (quantitative & qualitative)

Languages: English & Spanish

Unique Features or Strengths

Peer leaders had progressive leadership responsibilities. Initially, they met participants and observed some of the CHW-led activities during the 6-month DSME program led by CHWs. They then assumed primary leadership for the 12-month self-management support component of the project seeking to maintain gains from the CHW program. This allowed the CHWs to serve as mentors for the peer leaders in the areas of clinical content, educational methods, and group facilitation skills, as well as provide additional opportunities for the peer leaders to obtain the skills and confidence needed to be effective. The CHW was also available to the peer leaders for any questions or concerns, and oversaw monthly 'booster' sessions among participating peer leaders to allow discussion among peer leaders, help sustain morale, and provide training as needed in facilitation skills.

Major Challenges & How They Were Addressed

- **Peer leader retention:** To minimize the risk of peer leader attrition, monthly peer leader wellness groups were conducted. During these group meetings, peer leaders had the opportunity to discuss difficult cases, receive booster training on communication and facilitation skills, and receive emotional support from fellow peer leaders. Peer leaders were also encouraged to contact their CHW supervisor, as well as the Principal Investigator, to discuss any issues raised during the intervention. We had 100% retention of the peer leaders over the 12 months of the intervention.
- **Peer leader availability:** To accommodate patients' differing schedules, morning and evening groups were offered. Pairs of peer leaders led each group session.

LESSONS LEARNED

- Monthly wellness meetings with peer leaders are beneficial for minimizing peer leader attrition
- Participants may opt for telephone support over face-to-face group meetings due to transportation difficulties or life priorities (e.g., child care, employment opportunities, etc.)
- More effective and sustainable yet low-cost approaches to keeping participants engaged need to be explored (i.e., providing paid taxis, conducting assessments at participants' homes, etc.)

- **Communication modality**: The core support mechanism was intended to be group support sessions, but all peer leaders reported having substantially more telephone support contact with patients than group-based face-to-face contact. In fact, for some patients it took great effort to attend the group sessions as they had to take two different bus lines to reach the clinic, and for other patients child care and/or employment opportunities took precedence over attending the group sessions. Consequently, with telephone outreach as the primary support mechanism for both interventions, 2 different delivery modalities were not able to be tested, but 2 different types of interventionists (peer leader vs CHW) conducting telephone outreach were still able to be compared.

Key Results & Major Accomplishments

Adults with diabetes often need DSMS following effective DSME to help improve their diabetes outcomes. Both of the maintenance programs sustained key gains from the 6-month CHW-led DSMS program. At the 18-month follow-up, both groups maintained improvements in waist circumference, diabetes support, and diabetes distress. Only the peer leader group maintained statistically significant improvements achieved in A1c and blood pressure but these were not statistically significant from gains achieved in these outcomes in the CHW-led maintenance group. The key take-home message is that both approaches were quite effective and can be used in low-resource settings to maintain gains from short-term DSMS and that CHWs can effectively mentor and support volunteer peer leaders in a maintenance program.

RESOURCES	
	➢ Site & Intervention Characteristics ➢ Recruitment Flyer ➢ Recruitment Interview Protocol ➢ Training Manual ➢ 5-Step Behavioral Goal-Setting Model ➢ Encounter Notes ➢ Peer Leader Evaluation Packet

PUBLICATIONS	

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