

# Peer Mentoring Interventions in Older Patients with Diabetes: The Care Companions Program

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Diabetes is a complex illness to manage for both patients and physicians. Experience has shown that it can be difficult for patients to make necessary lifestyle changes on their own and while physicians and other health care providers can help educate patients about changes in lifestyle, they often lack the time for extended interactions or knowledge of the patients' home and community environments to provide substantial assistance in these areas. This randomized controlled trial examined the impact of a peer to peer mentoring program on the health outcomes and behaviors of senior patients already receiving comprehensive diabetes care by implementing a peer-to-peer mentoring program at 15 practices that are part of a large medical group (WellMed) specializing in senior healthcare in San Antonio, TX.

## **Population & Setting**

English- and Spanish-speaking, middle-class Caucasian and Hispanic older adults (50-80+) with diabetes who are patients at one of the 15 practices in WellMed participating in the intervention.

## **Who Are the Peer Supporters?**

Patients with diabetes were referred to an 8-week Diabetes 101 course led by certified diabetes educators. The course, which will eventually be led by peer mentors, focused on teaching about diabetes and diabetes self-management skills. Throughout the course, instructors looked for individuals who showed high levels of engagement and natural leadership skills and were likely to make good "mentors" or peer supporters for the program. A total of 51 participants were invited to train as mentors.

## **Peer Supporter Training and Quality Assurance**

Peer mentors completed a structured, 4-day, 16-hour mentor training course that included lessons on communication skills, social support, diabetes self-management, motivational interviewing, documentation of

## **FOUR KEY FUNCTIONS**

### **Assistance with Diabetes Management in Daily Living**

Peer mentors helped mentees implement lifestyle and self-care recommendations from diabetes self-management training programs, health educators and their physicians, or other health care providers

### **Social/Emotional Support**

Peer mentors were trained to share their own experiences with diabetes and engage mentees in conversations about shared challenges in managing diabetes

### **Linkages to Care**

Peer mentors help mentees schedule and follow through with health care visits and coached them in ways to communicate with their clinicians about health concerns

### **Ongoing Support over Time**

Peer mentors provided support as long as the mentee desired; peer mentors continued to make monthly check-in phone calls with patients even when they were no longer actively participating

visits, self-care, conflict resolution, and confidentiality. The initial training was conducted by Latino Health Access, developer of the peer mentoring program being adapted for use by WellMed. Later trainings were conducted by nurse educators assigned full time to the peer mentoring program. As mentors provided support to their mentees, they completed and submitted individual contact sheets for all communication with mentees. They then reviewed and discussed these with the nurse educator during a monthly support and supervision session. The nurse educators were also available between sessions when needed. Any concerns a peer mentor had regarding a mentee were addressed with the nurse educator. For additional guidance, the nurse educator contacted the health coach and/or physician.

### **Peer Supporter Roles & Responsibilities**

Peer mentors were paired up with individuals who wanted a mentor to work with during and following the Diabetes 101 classes. While the original model called for home and community visits, because participants were elderly and experienced mobility issues, mentee-mentor visits were conducted at the practice during monthly small group “booster” sessions. These sessions included peer to peer support and mentoring, continuing education about diabetes, and celebrations of progress. The small groups were initially run by the nurse educator. Over time as a consistent group of peer mentors is developed, peer mentors will co-lead the sessions with the nurse educators. Mentees shared successes and opportunities for improvement with the group, and through interactive dialogue and encouragement, each was encouraged to set a goal or define an existing goal. Follow-up was conducted at subsequent meetings or when mentees experienced specific issues. Spontaneous one-on-one support between meetings took place via telephone. Each peer mentor had approximately 1 to 3 mentees and provided support as long as the mentee desired; the average duration was 6 months.

### **Unique Features or Strengths**

A key component of the program was use of a paper-based personal health record (PHR) called the Carpeta Roja, or red notebook. This PHR is the basis of empowerment and training for the mentees, helping them organize their health information, track their health care visits, and trend and track their progress in terms of HbA1c values, blood sugar levels, etc. Through learning to use this PHR with the help of their mentors and nurse educator, the patients became “owners” of their own health and health information. The PHR also served as an “expert system” for the mentors, helping focus their attention on the important issues the mentees should be learning about and managing. The mentors

### **TRAINING SUMMARY**

**Duration:** 16 hours in 4 days

**Content:**

- Both mentors and mentees first attend a series of Diabetes 101 classes
- Peer Mentoring:
  - Communication skills
  - Social support
  - Diabetes self-management instruction
  - Motivational interviewing
  - Documentation of visits
  - Self-care
  - Conflict resolution
  - Others (e.g., confidentiality/HIPAA)

**Evaluation:** The trainer and supervisor of the peer mentors observe participants’ progress and performance in the class and at the end of the training invite participants who continue to meet criteria to become a peer mentor

**Languages:** English & Spanish

learned how to help their mentees use the Carpeta Roja. To track their mentees' progress, mentors maintained their own version called the Carpeta Azule, or blue notebook.

### **Major Challenges & How They Were Addressed**

- **Reach and engagement:** Since a number of mentees attended numerous doctor appointments during the week or month, there was great interest in differentiating the typical “medical appointment” visit from the monthly support group meeting by creating a special environment. Therefore, monthly meetings were designed to include a “social” or “fiesta” type atmosphere including music, food and lively conversation. Educational topics for each session were based on suggestions from the seniors during the previous event. Topics presented were interactive and focused on problem-solving. This outcome-centered forum helped individuals identify patterns for coping and other factors that can contribute to behavior change and disease management. It also provided a rich environment for participants to share and integrate their own personal experiences for the learning process and promote active participant engagement in the process.
- **Recruitment:** In an effort to boost recruitment, peer mentors began making calls to potential mentees, rather than clinical or front office staff, and WellMed’s electronic health record system was used to encourage referral to the program by providing a point of care reminder to physicians and health coaches regarding patients’ eligibility.
- **Co-leadership by peers:** While most peer programs are community-based, this program was located within a healthcare organization. This resulted in access to helpful resources such as meeting places, easy access to health data, and staff support. However it also created some challenges as health care professionals found it difficult to transfer leadership of the training sessions and small groups to peers. This was addressed through training provided to the nurse educators and selection of a program director who recognized the competence of peers, the centrality of the empowerment model to the intervention, and understood how to help realize this within the program.

#### **LESSONS LEARNED**

- Locating peer mentoring programs in healthcare organizations rather than the community has some benefits, but can make it difficult to move peers into leadership positions in the program
- It is important to involve the entire clinical team (administration, health coach, clinic staff, and provider) as early and as often as possible throughout the implementation process
- Including information on peer mentoring in the electronic health record facilitates recruitment and communication between peer mentors, clinicians, and the health care team

### **Key Results & Major Accomplishments**

Although clinical indicators (weight, BMI, HbA1c, and systolic blood pressure) for all patients, both intervention and control, improved over time, peer mentored patients’ HbA1c values improved slightly more rapidly than their non-intervention controls. Improvements were statistically significant with a decrease in their HbA1c levels from 6.34 at baseline to 6.13 at 6-10 months following the program. Individuals participating in the intervention showed an increase in knowledge about diabetes from pre- to 6 month post-intervention, as well as increases in desired health management behaviors. They

reported understanding what HbA1c is and how it relates to their health, knew their own HbA1c levels, reported improvements in their nutritional behaviors, and increased monitoring of their blood glucose.

<b>RESOURCES</b>	➤ Site & Intervention Characteristics
<b>PUBLICATIONS</b>	➤ Knox, L, Graham, D, Huff, J, Henry, M, Bracho, A. (pending). <b>What peer mentoring adds to already good patient care: Implementing the Carpeta Roja Peer Mentoring Program in a well-resourced health care system.</b>

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