

Consultation for Peer Support Research, Program Planning, Development, Quality Improvement, and Expansion

Background

Major reviews ^{1-5,6} including those of our group ⁷⁻⁹ document that peer support provided by “community health workers” (CHWs), “lay health advisors,” “*promotores*,” “patient navigators,” and individuals with a number of other titles can make important contributions to health, health care and prevention.

To build the evidence base and promote high quality peer support programs, Peers for Progress began in the Gillings School of Global Public Health at UNC in 2008. It initially funded 14 projects in 9 countries on 6 continents. Their results ¹⁰⁻²¹ along with those of colleagues ²²⁻²⁴ and others whom Peers for Progress has assisted ^{25,26} have documented benefits of peer support in a variety of health areas.

Peers for Progress is dedicated to peer support across health, health care and prevention, including current and past projects addressing diabetes as well as asthma, cancer, cardiovascular risk, HIV, mental health, and smoking cessation.

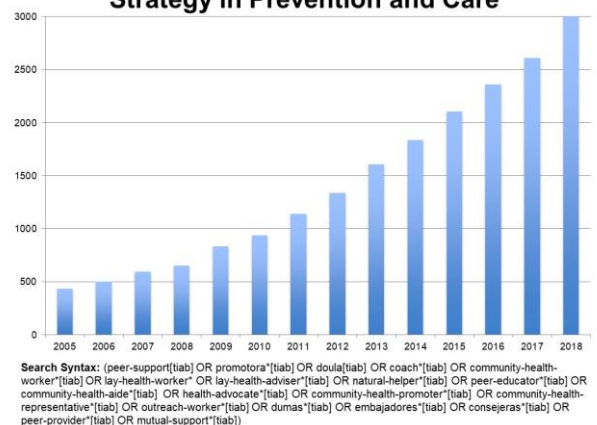
Why Peer Support

Peer support contributes to prevention, self management, patient education, patient engagement, etc.

It spans **Key Continua:**

- **Continuum of Care:** Primary prevention, screening, entering treatment and decision making, adherence, self management, survivorship, palliative care, end-of-life care.
- **Outcomes and Endpoints:** Clinical status, acute/emergency and hospital care, quality of life, and psychological status.
- **Channels:**
 - From support provided by volunteers to full-time employed staff
 - From individual face-to-face to group, telephone, automated voice, and web apps.

Peer Support Has Emerged as a Prominent Strategy in Prevention and Care



Publications in PubMed with Peer Support and Related Terms in their Titles or Abstracts, 2005 – 2018.

The Opportunity: Peers for Progress provides broad expertise, consultation, and collaboration for researchers, community organizations, provider groups, and health care systems.

- **For researchers and community organizations**, assistance to those interested in developing, protocolizing, implementing, evaluating, scaling up and disseminating, and examining the relevance of peer support to health policy (e.g., vis a vis the Affordable Care Act) and improving health outcomes. [See p. 3.](#)
- For **provider groups and health care systems**, consultation in state-of-the-art approaches to development, quality improvement, scaling up, expansion and continuing evaluation around peer support, including as a key strategy in value based care. [See pp. 4-5.](#)

Resources of Peers for Progress



Website

www.peersforprogress.org

Our website includes a number of program models, resources, reports and other documents useful for the planning, development, evaluation, and quality improvement of peer support programs as well as advocacy for them.



Networking

Materials on peersforprogress.org are based on our extensive networking with numerous programs both in the US and internationally. This has included major consensus meetings²⁷⁻³⁴ and, for example, **Tuesday Tips**, a weekly email of a current abstract or program resources sent to over 1400 emails worldwide.



Program Development Guide

A key document is a Comprehensive Program Development Guide with links to varied resources for planning, training, implementation, etc., available online at <http://goo.gl/66FiHf>.

Lessons Learned and Success Factors: Beyond effectiveness, Peers for Progress has documented important features of peer support in a variety of high profile publications,^{9,21,35-37} including:

- **Adaptable standardization** around five key functions of support
- Ability to reach and engage diverse groups, especially the “hard to reach” – those too often not reached by conventional clinical and public health initiatives
- Effectiveness in addressing psychosocial distress
- Effectiveness in reducing avoidable emergency and hospital care
- Effects of being a peer supporter
- Feasibility of peer support across clinical, community, well and poorly resourced settings around the world
- Ability of peer support to be scaled up to reach entire populations served by a provider organization
- Program models for sustainability, spread, dissemination
- Key success factors including proactive contact and attention to emotions

Five Key Functions of Peer Support



Who We Are – Peers for Progress in the UNC Gillings School of Global Public Health

- **Edwin Fisher, Ph.D.**, Professor of Health Behavior; Global Director of Peers for Progress; Co-Director, Michigan-UNC Peer Support Research Core of Michigan Center for Diabetes Translational Research
- **Eugenia Eng, Dr.P.H.**, Professor of Health Behavior; Director, Cancer Health Disparities Postdoctoral Program
- **Anissa Vines, Ph.D.**, Assistant Professor of Epidemiology; Associate Director, Integrating Special Populations Team, North Carolina Translational and Clinical Sciences Institute (NCTRACs)
- **Patrick Tang, M.P.H.**, Program Manager, Peers for Progress
- **Veronica Carlisle, M.P.H.**, Community Health Educator in Lineberger Comprehensive Cancer Center and Peers for Progress
- **Samantha Luu, M.P.H.**, Program Development Manager – Curriculum development, Cancer, Diabetes, Chronic Disease Prevention & Management
- **Megan Evans, M.S.P.H.**, Graduate Research Assistant – Mental Health, Program Development, Qualitative Evaluation
- **Yiqing Qian, M.P.H.**, Graduate Research Assistant – Mental Health, Epidemiology, Data Management, Statistical Evaluation

Collaboration with University of Michigan Center for Diabetes Translational Research

Peers for Progress collaborates with core co-director, **Dr. Michele Heisler** along with **Ms. Martha Funnell**, **Dr. John Piette**, and other colleagues at the University of Michigan in a Peer Support Research Core focused on peer support in obesity and diabetes prevention and care. The core is funded by the National Institute of Diabetes and Digestive and Kidney Diseases.

SERVICES FOR RESEARCHERS AND COMMUNITY ORGANIZATIONS

Category	Examples
General Planning and Intervention Development	<p>Identifying and specifying roles and anticipated contributions of peer support in projects and related research questions</p> <p>Identifying, specifying populations to be served</p> <p>Conducting formative evaluation based on input from providers, potential peers, and those that represent the population to be served</p> <p>Developing peer support intervention protocols tailored to program objectives and related procedures for reaching and engaging populations</p>
Evaluation	<p>Refining research hypotheses, program objectives, and related evaluation objectives</p> <p>Identifying key evaluation measures and indicators</p> <p>Planning process and implementation evaluation</p> <p>Formulating strategies for data extraction, management and analysis</p> <p>Collaboration in preparing reports and manuscripts</p>
Implementation, Dissemination, Scalability	<p>Adaptation to peer support of key dissemination and implementation research models for evaluation e.g., RE-AIM 51, PRISM 52</p> <p>Investigating organizational niche and home of programs, including qualitative study/key informant interviews/focus groups regarding program objectives, organizational features, outcomes, benefits to patients and to providers and integration and/or linkage with other units, services</p> <p>Identifying and investigating objectives, strategies, and models for integrating peer support with clinical care, patient-centered medical homes, clinical management paths and care teams, etc.</p> <p>Developing business cases and related economic analyses addressing peer support</p> <p>Identification of payment structures for program services; financial models to support broad and thorough implementation</p> <p>Consultation in CQI, rapid change cycles for improving peer support services themselves and their linkage within comprehensive patient care</p>
Program Development, Implementation, and Quality Assurance	<p>Training program managers</p> <p>Providing consultation regarding: <ul style="list-style-type: none"> • Recruitment and training of peer supporters • Supervision and back-up of peer supporters • In-service and role enhancement of peer supporters </p> <p>Supplying training resources</p> <p>Supplying patient education materials for use in peer support services</p> <p>Participating in ongoing supervision, enrichment of peer supporters, e.g., “peer support grand rounds”</p>

SERVICES FOR PROVIDER GROUPS AND HEALTH CARE SYSTEMS

Category	Examples
General Planning	Identifying vision and objectives of peer support programs, how peer support might better serve mission and goals of organizations/communities, populations to be served, scope of programs
	Identifying objectives with which to evaluate value-added of peer support services and methods for measuring outcomes and program success
	To support strategic planning, providing literature reviews and other information from the research and “grey” literature and from global contacts with peer support programs
Organizational Issues and Development	Identifying organizational niche and home of programs
	Planning integration and/or linkage with other units, services
	Developing referral protocols to and from peer support
	Planning specific objectives and strategies for integrating peer support with the clinical team
	Providing models for integration of services with primary care, patient-centered medical homes, other provider configurations
	Identifying roles and responsibilities of program staff (e.g., supervision of peer supporters)
	Developing a clear organizational structure and reporting relationships for the program
Program Development	Training program managers
	Consultation regarding: <ul style="list-style-type: none"> • Recruitment and training of peer supporters • Supervision and back-up of peer supporters • In-service and role enhancement of peer supporters
	Supplying training resources
	Supplying or identifying patient education materials for use
	Assisting with initial rounds of training
	Developing peer support roles to maximize “peerness”
	Participating and collaborating in enrichment activities, e.g., monthly “peer support grand rounds”

Financing	<p>Identification of payment structures for program services</p> <p>Financial models to support broad and thorough implementation</p>
Program Growth	<p>Identifying program models for health challenges, expansion to new health areas</p> <p>Developing protocols for specific areas (e.g., daily management of congestive heart failure)</p> <p>Developing protocols for incorporating available eHealth resources or programs</p> <p>Consultation for program sustainability, “scaling up,” and expansion</p> <p>Consultation in developing marketing materials and key messages for patients and/or stakeholders</p> <p>Identifying best practices in integration of electronic medical records</p>
Program Evaluation	<p>Identifying approaches for monitoring, evaluating, and improving quality of programs</p> <p>Identifying indicators for program evaluation including from existing electronic medical records</p> <p>Formulating strategies for data extraction, management, and analysis</p> <p>Assisting with report preparation</p> <p>Conducting qualitative evaluations – key informant interviews/focus groups regarding program objectives, organizational features, outcomes, benefits to patients and to providers and to health care organizations</p> <p>Developing cost-effectiveness analyses, business case</p>
Collaborative Learning Network	<p>Coordinate collaborative learning network of peer support programs and managers in a system or organization to</p> <ul style="list-style-type: none"> • Share program resources and services (e.g., shared training and back-up of peer supporters) • Exchange program models, lessons learned, success factors • Collaborate on shared projects, e.g., approaches to emotional distress in chronic care • Evaluation and raising visibility/recognition of programs

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