



Peers for Progress

*Peer Support Around the World* | DIABETES

*A program of the American Academy of Family Physicians Foundation*



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# Global Systematic Review of Peer Support for Complex Health Behavior

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# Peers for Progress

- *Peers for Progress* is a program of the [American Academy of Family Physicians](http://www.aafp.org) dedicated to promoting peer support in health and health care around the world
- Challenge in global promotion of peer support: How to standardize across cultural, system and population differences?

# Peer Support

- **Peer support** is social support shared among people living with a chronic condition or sharing a health need or objective.
- **Peer support** enhances other health care services by facilitating the emotional, social and practical assistance necessary for ongoing disease management.
- **Peer support** can take the form of phone calls, text messaging, group meetings, home visits, going for walks together, or grocery shopping

# The Four Key Functions of Peer Support

1. Assistance in daily management and living with a chronic disease
2. Social and emotional support
3. Linkage to clinical care
4. Ongoing support, extended over time

Note: Key Functions are a “Work in Progress”  
...The model should evolve!

# Previous Research

- Existing reviews have tended to look within disease categories, for example:
  - **Diabetes** (Saxena et al 2007; van Dam et al 2005; Cherrington et al 2008; Hayes et al 2008; Norris et al 2006; McPherson et al 2004)
  - **Cancer** (Hoey et al 2008; Macvean et al 2007; Tilkeridis 2005; Campbell et al 2004)
  - **Asthma** (Postma et al 2009)
  - **Cardiovascular disease** (Collela & King 2004; Brownstein et al 2007; Mattson-Koffman 2005)
  - **CHWs generally** (Swider 2002; Norris 2005)

# Current Review Aims

- To our knowledge, no reviews of peer support interventions to date have reviewed *across* disease categories and health behaviors—only within
- Our review broadly addresses the question “does peer support work?”

# Search Strategy

- NCBI PubMed search 01/01/2000-12/31/2009
- Search terms:
  - Peer support • *Promotora* • Doula • Coach • Community Health Worker • Lay Health Worker • Lay Health Adviser • Natural Helper • Peer Educator • Community Health Aide • Health Worker • Health Advocate • Community Health Promoter • Community Health Representative • Outreach Worker • *Dumas* • *Embajadores* • *Consejeras* • Peer provider
- PubMed search limits activated:
  - Clinical Trial • Randomized Controlled Trial • Evaluation Studies

# Exclusion Criteria

Studies were excluded for:

## 1. Implementation by Professional Provider

- “Professional” defined as post-B.A. training in health care (e.g. kinesiology grad students)

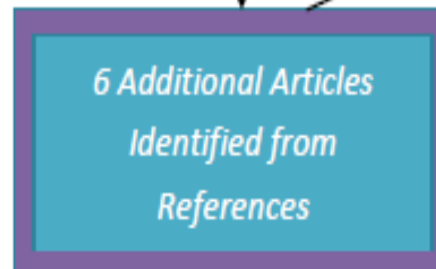
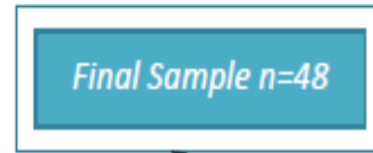
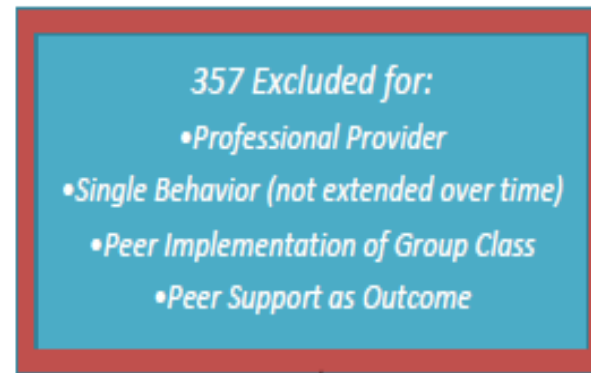
## 2. Peer Implementation of Group Class

## 3. Not Involving Complex Behavior Extended over Time

- Not single behavior, e.g., mammography, immunization, flu vaccination



# Sampling Flow Chart



# Review Methods

- Our methodological strategy for characterizing the quality of peer support interventions was informed by:
  - Merzel & D’Afflitti, 2003
  - Zaza et al, 2000
  - CDC’s Community Guide to Preventive Services

# Characterization of Articles

## 8 Countries

- USA (25)
- Canada (8)
- UK (6)
- Pakistan (3)
- Bangladesh (3)
- Brazil (1)
- Mozambique (1)
- New Zealand (1)

## 14 Conditions

- Pre/Post-Natal Care (15)
- Diabetes (7)
- Asthma (5)
- Cardiovascular Disease (5)
- HIV (4)
- Smoking Cessation (2)
- Mental Health (2)
- Drug Use (2)
- Other (6)

# Characterization of Articles by Study Design

- **37 (77%) Randomized Controlled Trials**
- 5 (10%) Non-Randomized Repeated Measures Design with Control Group
- 5 (10%) Non-Randomized Repeated Measures Design without Control Group
- 1 (2%) Non-Randomized Post-test Only Design without Control Group

# Categorizing Study Measures

- “Objective Measures”
  - e.g., HbA1c, BMI, Blood Pressure
- Standardized Measures
  - Validated Scales, e.g., Beck Depression Inventory
- Non-Standardized Measures
  - Non-validated questionnaires designed specifically for an individual study

# Characterization of Articles by Outcomes

Quality of Measure	Significant Between-Group	Significant Within-Group*	Non-Significant Differences	Totals
Objective Measure	4	6	3	13
Standardized Measure	15	3	4	22
Non-Standardized Measure	8	3	1	12
Totals	27	12	8	47**

# Significant Between- and Within-Group Results

Quality of Measure	Significant Between-Group	Significant Within-Group*	Non-Significant Differences	Totals
Objective Measure	4	6	3	13
Standardized Measure	15	3	4	22
Non-Standardized Measure	8	3	1	12
Totals	27	12	8	47**

$$39/47 = 83\%$$

# Significant Changes: Objective or Standardized Measures

Quality of Measure	Significant Between-Group	Significant Within-Group*	Non-Significant Differences	Totals
Objective Measure	4	6	3	13
Standardized Measure	15	3	4	22
Non-Standardized Measure	8	3	1	12
Totals	27	12	8	47**

$28/35 = 80\%$



# Significant Changes: Objective or Standardized Measures that Compared $\geq 2$ Groups

Quality of Measure	Significant Between-Group	Significant Within-Group*	Non-Significant Differences	Totals
Objective Measure	4	6	3	13
Standardized Measure	15	3	4	22
Non-Standardized Measure	8	3	1	12
Totals	27	12	8	47**

$$19/33 = 58\%$$

# Significant Changes Among RCTs

Quality of Measures	Significant Between-Group	Significant Within-Group*	Non-Significant Differences	Totals
Objective Measure	3	6	3	12
Standardized Measure	13	2	3	18
Non-Standardized Measure	6	0	1	7
Totals	22	8	7	37

$30/37 = 81\%$

# Example Study

- Rahman et al (2008): Cluster RCT “Lady Health Worker” intervention to prevent postnatal depression in rural Pakistan
- “Thinking Healthy Program”
  - Active listening, family collaboration, homework, questioning beliefs thought to engender depression
  - Weekly in last month pre-delivery, 3x in first prenatal month, 9 monthly sessions thereafter

# Rahman et al Study Findings

- At 6 mos, significantly fewer mothers in the intervention (23%) than control (53%) groups met the DSM-IV criteria for major depression (OR=0.22; 95% CI 0.14, 0.36;  $p < .0001$ ).
- Effects were sustained at 12 months (27% v. 59%, OR=0.23; 95% CI 0.15, 0.36;  $p < .0001$ ).

# Conclusions

- Across 8 countries and 14 conditions, there is substantial and strong evidence that peer support works as a chronic disease-management strategy

# Next Steps

- Subsequent analyses will evaluate characteristics of interventions that may be responsible for benefits
- Ongoing work will define a consistent set of core measures for documenting the effects of peer support



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# Thank you!

To view a complete summary of the preliminary results, please [click here](#).

To view the abstract of this presentation, please [click here](#).

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