Outcomes of Peer Support Programs for Diabetes Management: Peers for Progress

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Fundamental Role of Social Connections and Support

The risk of death associated with social isolation is greater than the risk associated with cigarette smoking


Human beings are more effective and happier when they have someone
• they can talk to about personal matters
• who cares about them
• who can help them when they need help
Chronic Disease – 8,760

8,766 = 24 X 365.25
- 6 hours a year in a doctor’s office or with other health professional.
- 8,760 hours “on your own”

Evidence for benefits of sustained interventions
- Diabetes (Norris et al., *Diabetes Care* 2002 25: 1159-1171.)
- Depression (Forsman Health Promo Int 2011 26: i85-i107)
- Smoking cessation (Kottke et al. *JAMA* 1988 259: 2882-2889. 
  Fiore et al. USDHHS, 2000)

Diabetes Self Management Education **AND** Diabetes Self Management **SUPPORT** (ADA and AADE – Haas et al., *Diabetes Care*, 2012)
Peer Supporters as Sources of Self Management Support

- Not professionals
- Often have the health problem they are assisting with – e.g., people with diabetes helping others with diabetes
- Can teach how to implement basic self management plans (e.g., healthy diet, physical activity, adherence to medications)
- Share perspectives, experience of those they help
- People believe them because they are “like me”
- Have time!!!
Systematic Review of Evidence
Among Publications on Peer Support

• **01/01/2000 – 5/31/2011** : “peer support,” “coach,” “promotora” etc.

• 66 separate studies met criteria of:
  – Provided by nonprofessional
  – Support for multiple health behaviors over time (i.e., not isolated or single behaviors)
  – Not simply peer implementation of class

• Preliminary outcomes:
  – Significant within- or between-group changes: 83.3% of reports using controlled designs
  – 81.3% among the subset of reports of randomized controlled trials

Elstad et al., Internat Cong Beh Med, Washington, D.C., August, 2010; Fisher et al., in preparation
WHO Consultation, November, 2007

1. Key functions are global
2. *How* they are addressed needs to be worked out within each setting
Key Functions of Peer Support

1. Assistance, consultation in applying management plans in daily life

“The doctor and nurse help me figure out what I need to do. The peer supporter helps me figure out how to do it”

Key Functions of Peer Support

1. Assistance, consultation in applying management plans in daily life
2. Social and Emotional Support
3. Linkage to clinical care
4. Ongoing support, extended over time
Key Functions

- Assist in managing diabetes in daily life
- Social and emotional support
- Link to clinical care
- Ongoing support

Evaluate Implementation or Achievement of Key Functions e.g., extent to which participants report being aided in implementing management plans, feel encouraged to use skills

Outcomes:
- Self Management Behaviors (AADE7™)
- Metabolic Control
- Other Clinical Indicators (e.g., blood pressure)
- Quality of Life

“Standardization by function, not content”
Peer Support in Anhui Province, China
Zhong Xuefeng, Institute of Health Education, Anhui CDC

Older adults in well defined residential settings in small cities in Anhui Province

Group meetings led by peer supporters and health center staff
  Addressed self management and support

Participant-participant support in shopping, exercise, fishing, etc.

Significant differences from controls on fasting glucose, 2 hr PPG, reported complications

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Peer Support For Self-Management Of Diabetes Improved Outcomes In International Settings

ABSTRACT Self-management of diabetes is essential to reducing the risks of associated disabilities. But effective self-management is often short-lived. Peers can provide the kind of ongoing support that is needed for sustained self-management of diabetes. In this context, peers are nonprofessionals who have diabetes or close familiarity with its management. Key functions of effective peer support include assistance in daily management, social and emotional support, linkage to clinical care, and ongoing availability of support. Using these four functions as a template of peer support, project teams in Cameroon, South Africa, Thailand, and Uganda developed and then evaluated peer support interventions for adults with diabetes. Our initial assessment found improvements in symptom management, diet, blood pressure, body mass index, and blood sugar levels for many of those taking part in the programs. For policy makers, the broader message is that by emphasizing the four key peer support functions, diabetes management programs can be successfully introduced across varied cultural settings and within diverse health systems.
Enhanced Quality and Availability of Peer Support Worldwide

Collaborative Quality Improvement, Knowledge Management

Regional Networks, Consultation for Program Adoption

Build the Evidence Base

“Go to” Source on Peer Support

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Ecological Model of Health Behavior

- Government, Policies
- Organizations, Communities, Culture, Built Environment
- Family, Friends, Small Group
- Individual
  - Biological
  - Psychological
Ecological Model: People with Diabetes and Those Who Provide Their Care

- Government, Policy, Built Environment
  - Community Culture, Worksite
    - Family, Friends Small Group
      - Person with Diabetes
  - Health Care System
    - Health Care Team, Organization
      - Clinical Care
      - Peer Supporter
Peer Health Coaching Improves Glycemic Control in Low-income Patients with Diabetes: A Randomized Controlled Trial

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Volunteer Peer Support in Rural Alabama

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Process and Clinical Outcomes of the PLEASED Intervention

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