

FOR IMMEDIATE RELEASE: Friday, Jan. 13, 2012

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AAFP Foundation Global Director of *Peers for Progress* Outlines Peer Support for Self-Management of Diabetes at Health Affairs Forum on Diabetes
Edwin B. Fisher, Ph.D., reports on the impact of peer support programs and helping people manage diabetes and avoid disease-associated disabilities

WASHINGTON, D.C. — At a Jan. 10 forum sponsored by *Health Affairs*, Edwin B. Fisher, Ph.D., global director of the American Academy of Family Physicians Foundation *Peers for Progress* program, presented findings of a new study detailing the impact of peer support programs in helping people manage diabetes and avoid disease associated disabilities. Effective self-management of diabetes is difficult to sustain, but peer supporters — defined as non-professionals who have diabetes or close familiarity with its management — can be successful in helping patients achieve improvements in symptom management, diet, blood pressure, body mass index and blood sugar levels.

The study, titled “Peer Support for Self-Management of Diabetes Improved Outcomes in International Settings,” outlines how four key functions of effective peer support — assistance in daily management, social and emotional support, linkage to clinical care and ongoing availability of support — can be successfully introduced across varied cultural settings and within diverse health systems. While international in scope, the study findings reveal important implications for health reform in the United States.

Four projects were selected from more than 100 applications in fall 2008 after a competitive review process. The projects were conducted in Cameroon, South Africa, Thailand and Uganda. All four projects included individual and group meetings that emphasized “pragmatic” aspects of diabetes management such as healthy cooking, exercise, and specific ways people with diabetes might overcome barriers to implementing their daily self-management. Telehealth (i.e., text messaging and telephone contact) also played an important role among participants in South Africa and Uganda. Peer supporters also helped provide community resources to encourage improved daily self-management. For example, participants in the Thailand project installed a community garden with a converted bicycle that powered irrigation while also providing an opportunity for patients to exercise.

Group and individual contact among peer supporters and participants provided opportunities for encouragement and attention to emotional and motivation issues surrounding diabetes management. In Cameroon, peer supporters were trained to provide social and emotional support, giving them the skills to discuss emotions such as depression, and concerns about complications that patients did not feel comfortable raising with health professionals or in group sessions. In South Africa and Uganda, text messaging and telephone contacts proved effective means for prompting self-management, and for exchanging encouragement and emotional support among participants. A one-day “diabetes camp” in Thailand provided village health volunteers and participants core knowledge which then provided a base for individual, group and community efforts to promote ongoing diabetes management.

All four projects encouraged participants to obtain appropriate clinical care and connected peer supporters with health professionals. Health professionals helped lead some intervention components in Thailand and Uganda. The involvement of professionals reduced peer supporters’ anxiety about making mistakes and enhanced the projects’ credibility. Perhaps most important, all four projects were implemented in a way that ensured ongoing availability of support for patients. This runs counter to many patient education programs that have clear ending dates, after which participants are expected to maintain improvements on their own, without further support or encouragement.

The projects described in the paper were implemented with peer supporters based in diabetes clinics (Cameroon and Uganda), community organizations outside the health care field (South Africa), and a volunteer service that is part of the health system (Thailand). Regardless of setting, the fundamental functions of peer support — assistance in daily management, social and emotional support, linkage to clinical care and ongoing availability of support — provided a firm outline for organizing programs. The demonstrated feasibility of peer support across various settings suggests that the implementation strategies could be applied to the patient-centered medical home model of care that continues to emerge as an important health care setting in the United States.

Peer supporters are often natural links to community social networks which can engage patients who are not receiving the care they need. In addition, peer supporters who talk with patients and have experience with their daily challenges, can provide credible, practical assistance in initiating and maintaining the daily behavioral patterns that are central to the management of chronic disease. All of these functions are consistent with the PCMH model. Peer support programs may also help augment the health care workforce and provide some services at a lower cost than current providers can. At the same time, peer support programs should not be viewed as cheap care for poor people, but rather good care of all people.

Fisher and the co-authors concluded that evidence from the four projects described in the study indicates that peer support interventions appear to be useful and versatile strategies for promoting daily, ongoing behavioral efforts that are central to the management of diabetes, as well as most other chronic diseases.

The full report of this project is published in Fisher, E.B., et al., Peer Support For Self-Management Of Diabetes Improved Outcomes In International Settings. *Health Affairs*. January 2012, vol. 31 no. 1, pp. 130-139

To learn more about the AAFP Foundation *Peers for Progress* program, or to obtain a copy of the article, visit aafpfoundation.org/peersforprogress. To arrange an interview with Dr. Fisher, contact Janelle Davis at (800) 274-2237, ext. 5222.

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About the American Academy of Family Physicians Foundation

The Foundation serves as the philanthropic arm of the American Academy of Family Physicians. Its mission is to advance the values of family medicine by promoting humanitarian, educational, and scientific initiatives that improve the health of all people. For more information, please visit aafpfoundation.org.

About *Peers for Progress*

Peers for Progress is a program of the American Academy of Family Physicians Foundation and is supported by the Eli Lilly and Company Foundation.