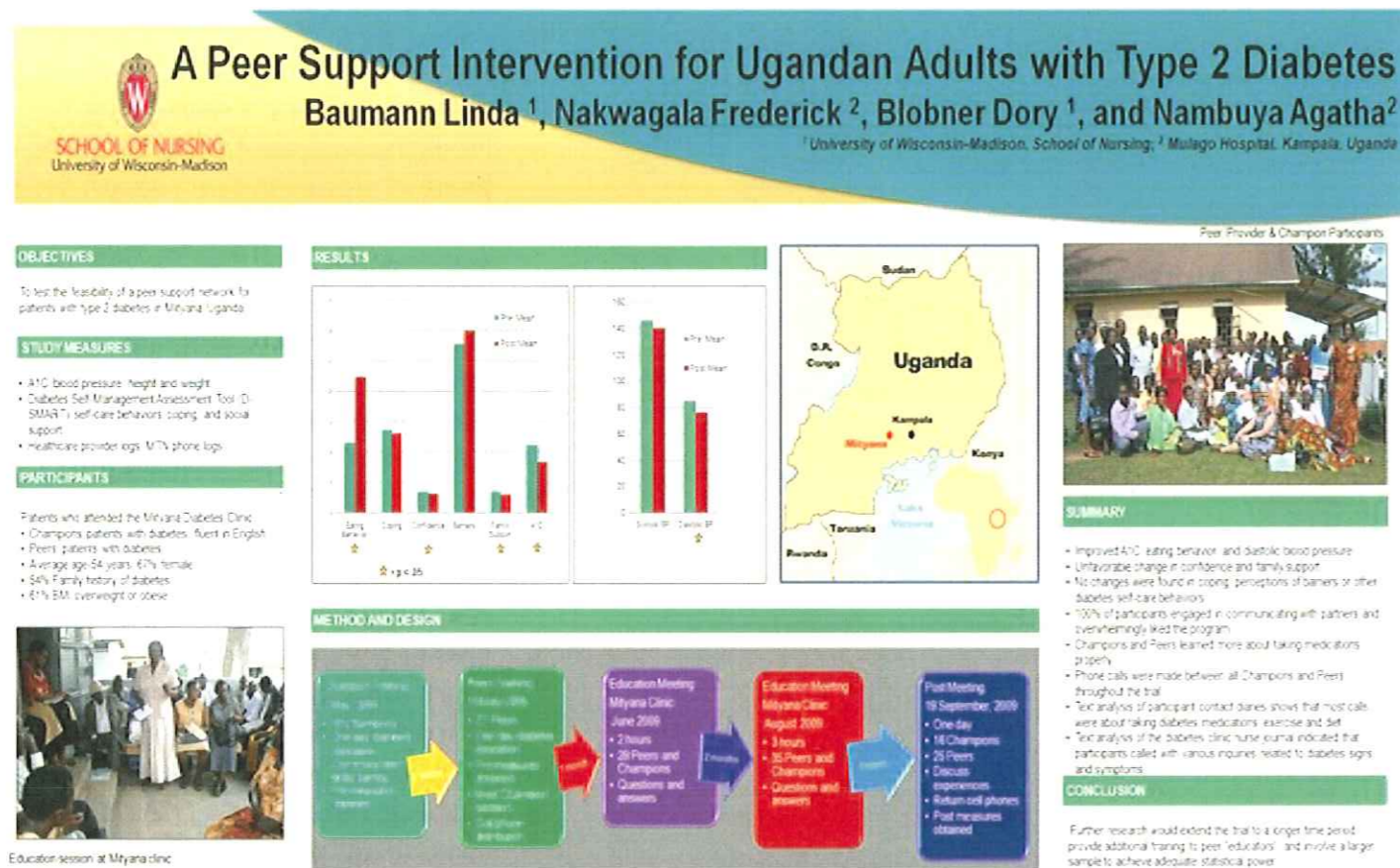


## Global Research and Program Development

Peers for Progress is active around the world. The global program shows how peer support can be of value in varied settings, and how those settings can provide lessons of interest far beyond their borders. Below is a presentation from the Peers for Progress Demonstration Project in Uganda (Society of Behavioral Medicine; Seattle, WA, April, 2010).



## Leadership

- **Global Director** – Edwin B. Fisher, PhD, Professor, Gillings School of Global Public Health, University of North Carolina at Chapel Hill [edfisher@unc.edu](mailto:edfisher@unc.edu)
- **Executive Committee**
  - Craig M. Doane, Chair, Executive Director, American Academy of Family Physicians Foundation
  - Richard G. Roberts, MD, JD, FAFAP, President, American Academy of Family Physicians Foundation
  - Daniel J. Ostergaard, MD, Vice President Professional Activities, American Academy of Family Physicians
  - Wilson Pace, MD, Director, National Research Network, American Academy of Family Physicians
  - Tom Robinett, JD, Ex-Officio, General Counsel, American Academy of Family Physicians
  - Robert Watchinski, Ex-Officio, Chief Financial Officer, American Academy of Family Physicians
- **Global Advisory Board** (Current as of April, 2010)
  - Amparo Gonzalez, RN, BSN, CDE, Past President, American Association of Diabetes Educators
  - Lynne Vaughan, Senior Vice President, Chief Innovation Officer, YMCA of the USA
  - Lana Vukovljak, MA, MS, Chief Executive Officer, American Association of Diabetes Educators
  - Honorary: Jose F. Caro, MD, Emeritus Chief Scientific Officer
- **Professional Staff:**
  - Kevin Helm, MBA, Assistant Director, American Academy of Family Physicians Foundation
  - Erika Perkins, Program Coordinator, American Academy of Family Physicians Foundation
  - Renée Boothroyd, PhD, MA, MPH, CHES, Director, Program Development Center, UNC - Chapel Hill
  - Mu-Chieh Coufal, MA, MPH, Program Manager, Program Development Center, UNC - Chapel Hill

**With evidence, global knowledge sharing, development of consensus best practices, and advocacy, Peers for Progress aims to show peer support can contribute to the health and well being of all humans and to help establish peer support as a regular part of health care around the world.**

[peersforprogress.org](http://peersforprogress.org)



*Accelerate the Availability of Best Practices in Peer Support Around the World*

Peers for Progress is a program of the American Academy of Family Physicians Foundation to promote peer support as a key part of health, health care, and prevention around the world. People needing to reduce disease risks such as smoking or overweight and those living with chronic or life threatening diseases need support to maintain good behaviors for health. They can be also great sources of support for each other.

If the average individual with a disease like diabetes spends as many as six hours a year in a doctor's or other health professional's office, that leaves 8,760 hours a year they are "on their own" to do all the things diabetes requires.  
***This is where peer support comes in!***

*Peers for Progress is generously supported by the Eli Lilly and Company Foundation.*

### The Need

Peer support is as old as humankind. There are literally thousands of peer support programs around the world. Yet many people who need peer support – to maintain their zest for life after being widowed, to take care of a disease like diabetes, to keep their family well functioning when a member develops a serious disease, to negotiate wisely the challenges of raising a child with asthma to be happy, healthy, and self confident – do not receive the support they need.

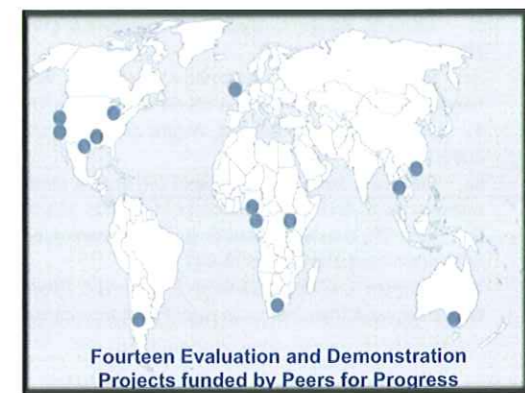


The reason is that peer support programs often run with too few resources, by organizations helping many people, but without enough funding to do as much as they would like. As a result, the programs have not been widely evaluated, and hard-working program leaders are often unaware of other programs and the methods they employ. So there is no "state-of-the-art" that can be proposed to policy makers. The result is inconsistent funding and the lack of availability of programs for those they might help.

### The Opportunity

Peers for Progress is determined to advance and promote peer support programs. To do this, it pursues three broad strategies:

1. **Extend the Evidence.** Peers for Progress is strengthening what we know about peer support and its contribution to health. The 14 evaluation and demonstration grants that Peers for Progress funded in nine countries on six continents will help all peer support programs make stronger claims for their value.
2. **Global Networking for Knowledge Management and Exchange and Program Quality Improvement.** Peers for Progress compiles knowledge and supports exchange among peer support programs so they can learn from each other, build state-of-the-art models, tools, and other resources, and together, create best practices in peer support.
3. **Advocacy.** Peers for Progress provides reviews, business cases, and collaborative networking to promote peer support in nations and regions around the world and assist in advocating for inclusion of peer support as a routine part of health care policies and systems.



[peersforprogress.org](http://peersforprogress.org)

## What Is Peer Support?

Peer support takes many forms. There is no one, right way to deliver peer support. Around the world, different cultures, health care resources and systems, and an individual's health challenges determine what may be the "best support."

In **San Francisco**, peer supporters are part of the diabetes care team which includes a doctor and a nurse. They help patients take management plans developed with the team and find ways to execute them in their daily lives. A 66-year-old, who gained 20 pounds after retiring, finds she can increase her activity and make modest changes in her eating to reverse her weight gain.

In **Hong Kong**, peer supporters are linked with medical practices to integrate patients' self management with their medical care. They provide group and individual education as well as support and help patients put into practice the plans they developed with their doctors. A 75-year-old woman who needs to have her eyes checked and gets her medications updated finds the encouragement she needs to see the doctor.

In **Australia**, members of peer support groups (run by Diabetes Australia) trade tips and share some of the frustrations of the 24/7 task of managing diabetes. They learn by each other's example how to do a better job of caring for themselves. A 50-year-old man, who hasn't been able to lose weight, picks up some pointers from a 55-year-old. He cuts back on the beer, figures out how to reduce portion sizes and finally makes some progress.

While peer support can look different in different places and cultures, successful peer support programs generally share a common set of functions:

- Assistance and guidance in actually implementing in daily life personal plans for preventing and managing diseases – healthy eating, physical activity, stress management, taking medications, etc.
- Social and emotional support
- Encouragement to see a health professional when appropriate – taking care of things before they become problems
- Ongoing support because prevention and disease management are "for the rest of your life."

## Evidence for Peer Support

- Peer support, community health worker, and similar interventions benefit health in a variety of ways, including promoting mammography, improving anti-malarial and anti-TB treatment, improving adherence in HIV/AIDS, etc.<sup>1</sup>
- Peer support interventions in the Robert Wood Johnson Foundation's Diabetes Initiative achieved a variety of benefits, including improved blood sugar control.<sup>2,3</sup>
- In Denver, Community Health Workers shifted costs away from urgent care, inpatient care, and outpatient behavioral health care to increased utilization of primary and specialty care visits. This decreased costs and yielded a return on investment of 2.28:1.00.<sup>4</sup>
- In St. Louis, a peer support program for mothers of Medicaid-covered children hospitalized for their asthma resulted in a 50% reduction in the rate of re-hospitalization over a two-year period.<sup>5</sup>
- In randomized studies in Pakistan, the combination of family based education from lay health workers and annual training of primary care providers improved blood pressure,<sup>6</sup> and cognitive behavior therapy interventions implemented by lay health workers reduced post-partum depression by 50%.<sup>7</sup>

## References

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2. Joshi CE, Rangel L, Garcia O, Brownson CA, O'Toole ML. Integration of a promotora-led self-management program into a system of care. *The Diabetes Educator* 2007;33:151S-8S.
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7. Rahman A, Malik A, Sikander S, Roberts C, Creed F. Cognitive behaviour therapy-based intervention by community health workers for mothers with depression and their infants in rural Pakistan: a cluster-randomised controlled trial. *Lancet* 2008;372:902-9.

## Evaluation and Demonstration Grants of Peers for Progress

Alabama: Community peer advisors linked to rural health centers serving African Americans

University of Alabama School of Medicine: *Monika M. Safford, MD*

Argentina: Community-based comparison of patient education with patient education PLUS peer support

National Research Council of Argentina (CONICET) with the Centre of Experimental and Applied Endocrinology (CENEXA) and WHO Collaborative Centre for Diabetes: *Juan Jose Gagliardino, MD*

Australia: Developing existing peer support group programs for national dissemination

Monash University and Diabetes Victoria: *Brian Oldenburg, PhD*

California: Volunteer peer support intervention for Mexican/Mexican American adults along California-Mexico border

San Diego State University School of Public Health and *Clinicas de Salud del Pueblo: Guadalupe X. Ayala, PhD, MPH*

Cameroon: Community-based peer support intervention in Yaoundé

Health of Population in Transition Research Group: *Jean Claude Mbanya, MD, PhD, FRCP*

Cameroon: Peer support in rural and urban districts

Centre for Population Studies and Health Promotion: *Pascal Kum Awah, PhD*

England: Comparing group-based with individually provided peer support in Cambridgeshire

Cambridge University Hospitals NHS Foundation Trust, Institute of Metabolic Science: *David Simmons, MD*

Hong Kong: Peer support combined with automated telephone support

Asia Diabetes Foundation and Hong Kong Institute of Diabetes and Obesity, The Chinese University of Hong Kong: *Juliana C.N. Chan, MD, FRCP*

Michigan: Peer-led self-management support in "real-world" clinical and community settings among Latinos and African-Americans

University of Michigan Medical School: *Tricia S. Tang, PhD & Michele Heisler, MD, MPA*

San Francisco: Integration of peer coaches into nurse/doctor treatment teams

University of California at San Francisco, School of Medicine, Department of Family and Community Medicine: *Thomas Bodenheimer, MD, MPH*

South Africa: Peer support "buddy" program based on effective HIV model among Xhosa women

University of Western Cape and Women for Peace with UCLA Global Center for Children and Families: *Mary Jane Rotheram-Borus, PhD*

Texas: Peer support in an HMO setting in San Antonio

American Academy of Family Physicians National Research Network (with Latino Health Access, LA Net, WellMed Medical Group): *Lyndee Knox, PhD*

Thailand: Integration of village health volunteers into existing health system among four rural villages

Mahidol University: *Boosaba Sanguanprasit, PhD, MPH*

Uganda: Peer champions using cell phone and face-to-face visits in rural and urban settings

Mulago Hospital with University of Wisconsin - Madison School of Nursing: *Linda Baumann, PhD, APRN, BC, FAAN*

## Global Networking for Knowledge Management and Exchange and Program Quality Improvement

With its Program Development Center in the Gillings School of Global Public Health at the University of North Carolina at Chapel Hill, Peers for Progress assists peer support programs and their leaders in a variety of ways.

- Providing program models to enable help those interested in peer support programs see what successful programs look like and recognize that they too can develop a program
- Compiling curricula, program development materials, guides to program planning, training materials, materials and hand-outs for those receiving peer support, etc.
- Facilitating sharing of program resources, plans and evaluations among leading peer support programs around the world
- Providing a web-based vehicle through which programs can post their own descriptions and program materials to share with others around the world
- Enabling, through social networking, communication and exchange among peer support programs around the world for open discussion of questions, challenges, and opportunities.
- Consolidating global evidence- and consensus-based best practices in peer support as the basis for advocacy within and across countries.

## Advocacy

Peers for Progress is developing resources and collaborative networks to share approaches to advocacy. These will:

- Identify model policies for inclusion of peer support in health care and prevention
- Develop key components of business cases for promotion of peer support and circulates examples of business cases
- Support regional and national efforts toward integration of peer support in health care