Peer-to-Peer Learning in the Self-Management of Chronic Disease

Joyce Page, Serena Weisner

The North Carolina Department of Health and Human Services, through the Division of Public Health and the Division of Aging and Adult Services, has adopted an evidence-based self-management curriculum called Living Healthy in NC that uses peer-to-peer learning to improve the ability of persons to manage their diseases, including diabetes, and to prevent or slow the progression of chronic conditions. The program is based on Stanford University’s Chronic Disease Self-Management Program (CDSMP) and is being implemented in North Carolina through broad and diverse partnerships within and between multiple systems.

Kate Lorig and colleagues at the Stanford Patient Education Research Center created and evaluated the CDSMP in the early 1990s, recognizing that physician care is only part of the disease-management process and that persons with chronic conditions must be good self-managers 24 hours a day, 7 days a week. Workshop sessions with a duration of 2.5 hours take place in community settings once each week for 6 weeks and provide tools and support for becoming positive self-managers. The CDSMP is based on years of research addressing patient self-efficacy and is built on several underlying assumptions, including the following: (1) people can learn skills needed to better manage their diseases; (2) people with chronic conditions have similar challenges, regardless of the type of condition; (3) people with chronic conditions deal not only with their disease(s), but also the impact it has on their lives; (4) laypeople with chronic conditions can, when given a detailed leader’s manual, teach the CDSMP as and perhaps more effectively than can health professionals; and (5) the way in which the CDSMP is taught is as important as the subject matter being conveyed.

Research has shown the CDSMP to be effective across socioeconomic and education levels, settings, populations, and chronic conditions. The CDSMP results in statistically significant and measurable improvements in physical and emotional outcomes and in self-rated overall health and health-related quality of life. Whereas people with chronic illnesses are generally expected to make more trips to the emergency department and to have more hospital admissions as their condition worsens, this is not the case for those who have participated in the CDSMP. Participation in CDSMP has been shown to result in reductions in health care expenditures. Many of these health benefits persist over a 3-year period [1].

One or preferably both of the peer leaders who facilitate each workshop have chronic conditions and act as “models” for participants, because participants tend to have a greater sense of trust and understanding when workshops are led by people facing similar challenges and problems. Topics covered include techniques to deal with problems such as frustration, fatigue, pain, and isolation; appropriate exercise for maintaining and improving strength, flexibility, and endurance; appropriate use of medications; communicating effectively with family, friends, and health professionals; nutrition; and how to evaluate new treatments.

The peer-to-peer characteristic of the CDSMP was one of the primary reasons the Division of Public Health adopted the program in 2005 as part of an effort to improve disease self-management. At that time, the CDSMP complemented existing programs that used community health workers through the Division of Public Health’s Diabetes Prevention and Control Program.

In 2007 and 2010, the Division of Aging and Adult Services received grants from the US Administration on Aging to further disseminate the CDSMP statewide. These grants also made it possible to expand Stanford University’s Diabetes Self-Management Program (known in North Carolina as Living Healthy with Diabetes), the CDSMP’s “sister” program that targets individuals with type 2 diabetes.

Together, Living Healthy and Living Healthy with Diabetes are the leading providers of chronic disease self-management services in North Carolina. These programs are supported by 17 regional coordinators in the state’s Area Agencies on Aging, local health departments, Community Care of North Carolina, the North Carolina Cooperative Extension, the University of North Carolina–Chapel Hill Institute on Aging, the American Association of Retired Persons, faith-based organizations, the Associations of the General Baptist State Convention of North Carolina, Strengthening the Black Family, the Eastern Band of Cherokee Indians, and dozens of local community-based organizations. Since 2005, >3,000 people have taken part in one or both of the programs, and >1,500 of those persons have participated in the past 15 months.


Serena Weisner, MS project director, Living Healthy, North Carolina Division of Aging and Adult Services, North Carolina Department of Health and Human Services, Raleigh, North Carolina.

Reference


Address correspondence to Ms. Joyce Page, Diabetes Prevention and Control Branch, North Carolina Division of Public Health, 1915 Mail Service Center, Raleigh, NC 27699-1915 (joyce.page@dhhs.nc.gov).