

Title: Comparative Effectiveness of Peer Leaders and Community Health Workers in Diabetes Self-management Support: Results of a Randomized Controlled Trial.

Authors: Tricia S. Tang, Martha Funnell, Brandy Sinco, Gretchen Piatt, Gloria Palmisano, Michael S. Spencer, Edith C. Kieffer, Michele Heisler

Journal: Diabetes Care

Date And Issue: June, 2014, DOI: 10.2337/dc13-2161.

Abstract

OBJECTIVE

To compare a peer leader (PL) versus a community health worker (CHW) telephone outreach intervention in sustaining improvements in HbA1c over 12 months after a 6-month diabetes self-management education (DSME) program.

RESEARCH DESIGN AND METHODS

One hundred and sixteen Latino adults with type 2 diabetes were recruited from a federally qualified health center and randomized to 1) a 6-month DSME program followed by 12 months of weekly group sessions delivered by PLs with telephone outreach to those unable to attend or 2) a 6-month DSME program followed by 12 months of monthly telephone outreach delivered by CHWs. The primary outcome was HbA1c. Secondary outcomes were cardiovascular disease risk factors, diabetes distress, and diabetes social support. Assessments were conducted at baseline, 6, 12, and 18 months.

RESULTS

After DSME, the PL group achieved a reduction in mean HbA1c (8.2–7.5% or 66–58 mmol/mol, $P < 0.0001$) that was maintained at 18 months (20.6% or 26.6 mmol/mol from baseline [$P = 0.009$]). The CHW group also showed a reduction in HbA1c (7.8 vs. 7.3% or 62 vs. 56 mmol/mol, $P = 0.0004$) post-6 month DSME; however, it was attenuated at 18 months (20.3% or 23.3 mmol/mol from baseline, within-group $P = 0.234$). Only the PL group maintained improvements achieved in blood pressure at 18 months. At the 18-month follow-up, both groups maintained improvements in waist circumference, diabetes support, and diabetes distress, with no significant differences between groups.

CONCLUSIONS

Both low-cost maintenance programs led by either a PL or a CHW maintained improvements in key patient-reported diabetes outcomes, but the PL intervention may have additional benefit in sustaining clinical improvements beyond 12 months.