Title of Paper/Presentation: Facilitating Psychosocial Adaptation to Lifestyle Change Using the Bridges Diabetes Peer Support Group Model

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(a) Background: Type 2 diabetes has reached epidemic levels along the Texas-Mexico border. The purpose of the study was to test the usefulness of the peer-led Bridges Diabetes Support Group program in facilitating psychosocial adaptation to the chronic disease, measured by positive adherence behaviors. Subjects were Spanish and English-speaking Mexican-American elders of 65-80 years, from low-middle incomes.

(b) Method: H1 was: Peer-led intervention groups are more effective than staff-led control group intervention. The mixed-method study with quasi-experimental design used four randomly assigned convenience groups of 42 subjects. Quantitative analysis included pretest and posttest data at baseline, three and six months, evaluating HbA1C and five self-reported questionnaires: Attitude Towards Diabetes, Empowerment, Perceived Personal Resources and Self-efficacy, and Transtheoretical Change. The General Linear Mixed Analysis and Tukey’s ad hoc procedure were at alpha .05. Qualitative themes were derived from 30 focus group meetings.

(c) Results: HbA1C levels and pretest/posttest questionnaires at baseline taken at 3 months, 6 months, showed no difference when all 4 groups were compared separately; but when the 3 intervention groups were considered one (all receiving same treatment with different levels of supervision), the intervention group showed better results: HbA1C mean scores were p<.002; Pre + Post 1 +Post 2; Self-Efficacy mean scores were p<.02; Post 1 + Post 2; Personal Resource Scale mean scores were p< 0.0042; Post 1 + Post 2 Transtheoretical Change mean scores were p<.0042. The was no difference between all groups for Attitude Toward Diabetes or Empowerment questionnaires. Themes were: “Don’t trust the system”; “Choice +Control= Power”; “Social Cost of Diabetes”; and “Everybody draws the line”.

(d) Conclusions: Trained elderly peers can effectively lead support groups for elderly peers, compared to groups led by non-diabetic health education professionals. Larger studies are needed. This study may justify development of a network of peer-led support groups.