

Peer Support to Reduce Cardiovascular Risk among Women Veterans

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January 2019



Durham Center of
Innovation to Accelerate
Discovery and Practice
Transformation

Acknowledgements/Disclosures

- No conflicts of interest
- Funding/Support:
 - **VA HSR&D CDA 13-263**
 - Durham Center of Innovation to Accelerate Discovery and Practice Transformation (ADAPT), (CIN 13-410) at the Durham VA Health Care System
 - ADAPT Pilot award

Poll Question #1

- Did you get the 150 minutes of moderate-vigorous physical activity recommended for optimal heart health in the last week?
 - Yes
 - No
 - What is physical activity?

Poll Question #2

- What is your experience with peer support?
 - I've never heard of it
 - I've heard of it but that is about it
 - I've provided peer support
 - I have received peer support
 - I've provided and received peer support

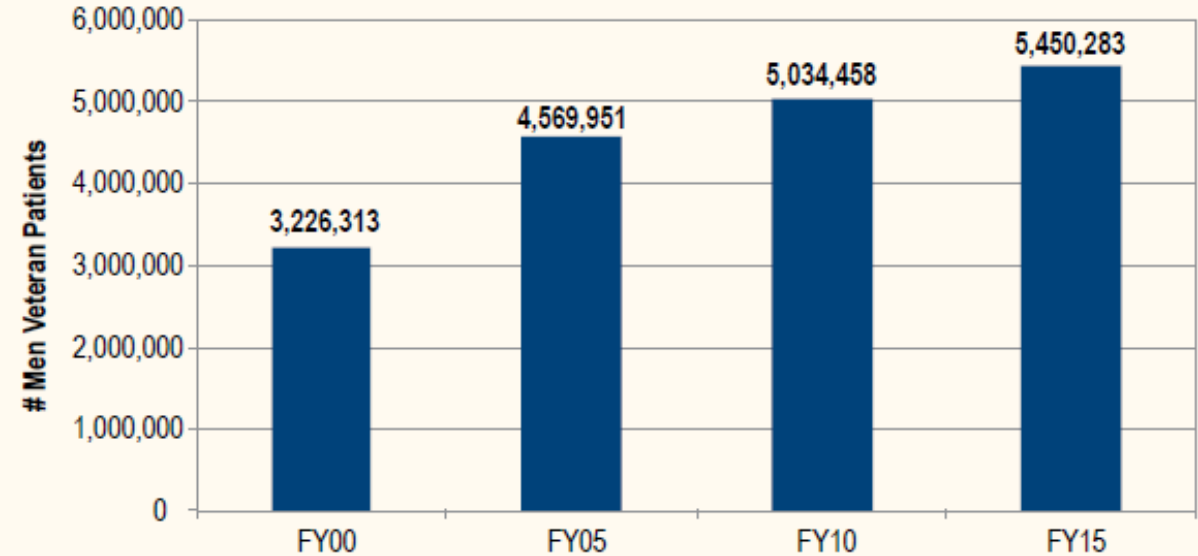
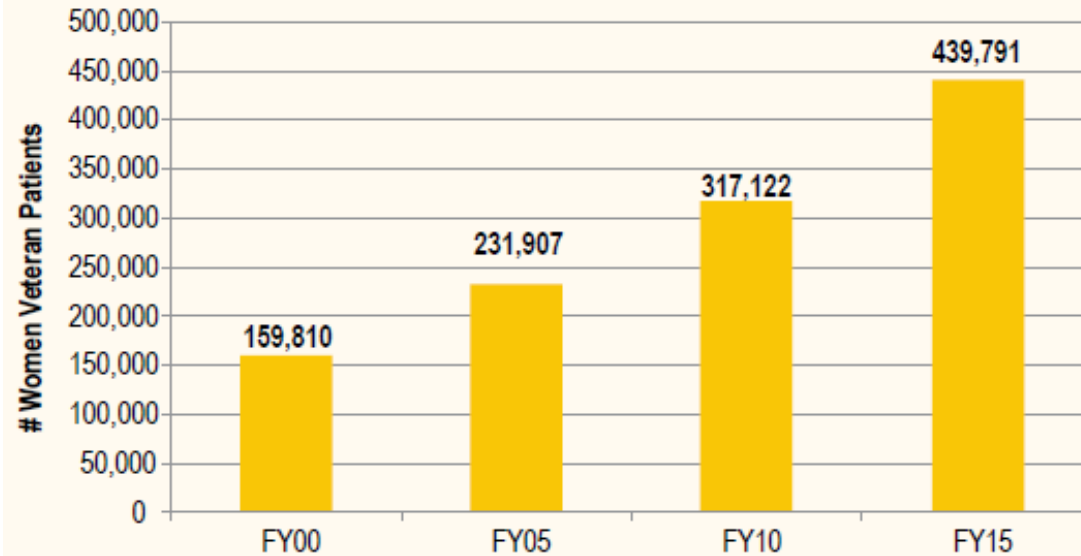
CDA Objectives

- **What?**
- **How?**
- **What do we need to know?**

CDA Objectives

- **What** are we trying to improve? Cardiovascular Disease among women Veterans
- **How** do we want to do it? Using peer support to promote heart healthy behaviors
- **What do we need to know?**
 - What is the best way to use peer support to promote heart health among a growing women Veteran population?
 - Does peer support for women Veterans in this context need to be tailored by gender?

Exhibit 1.A. Number of Women and Men Veteran VHA Patients, FY00-FY15



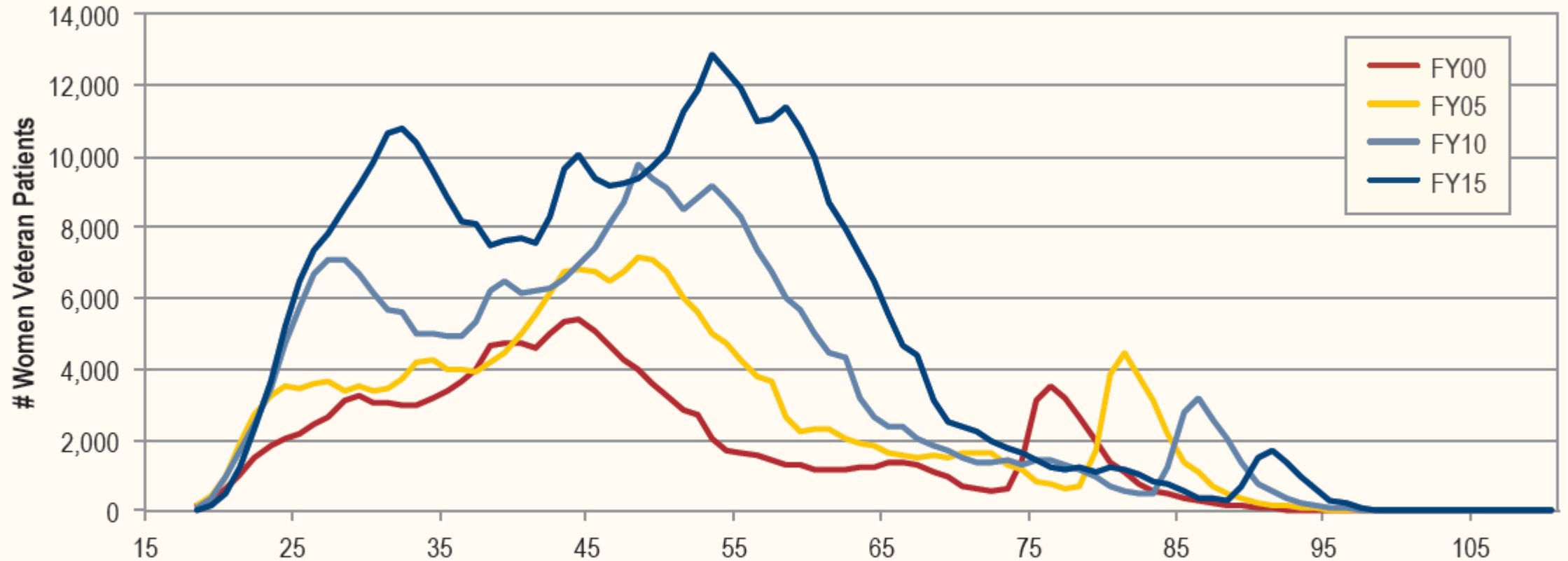
Key: FY - Fiscal Year; VHA – Veterans Health Administration

Notes: Findings portray Veteran VHA patients, not the entire Veteran population. See Technical Appendix.

Cohort: Women and men Veteran VHA patients. Women: FY00: N=159,810; FY05: N=231,907; FY10: N=317,122; FY15: N=439,791. Men: FY00: N=3,226,313; FY05: N=4,569,951; FY10: N=5,034,458; FY15: N=5,450,283.

Source: WHEI Master Database, FY00-FY15

Exhibit 1.D. Age Distribution of Women Veteran VHA Patients, FY00-FY15



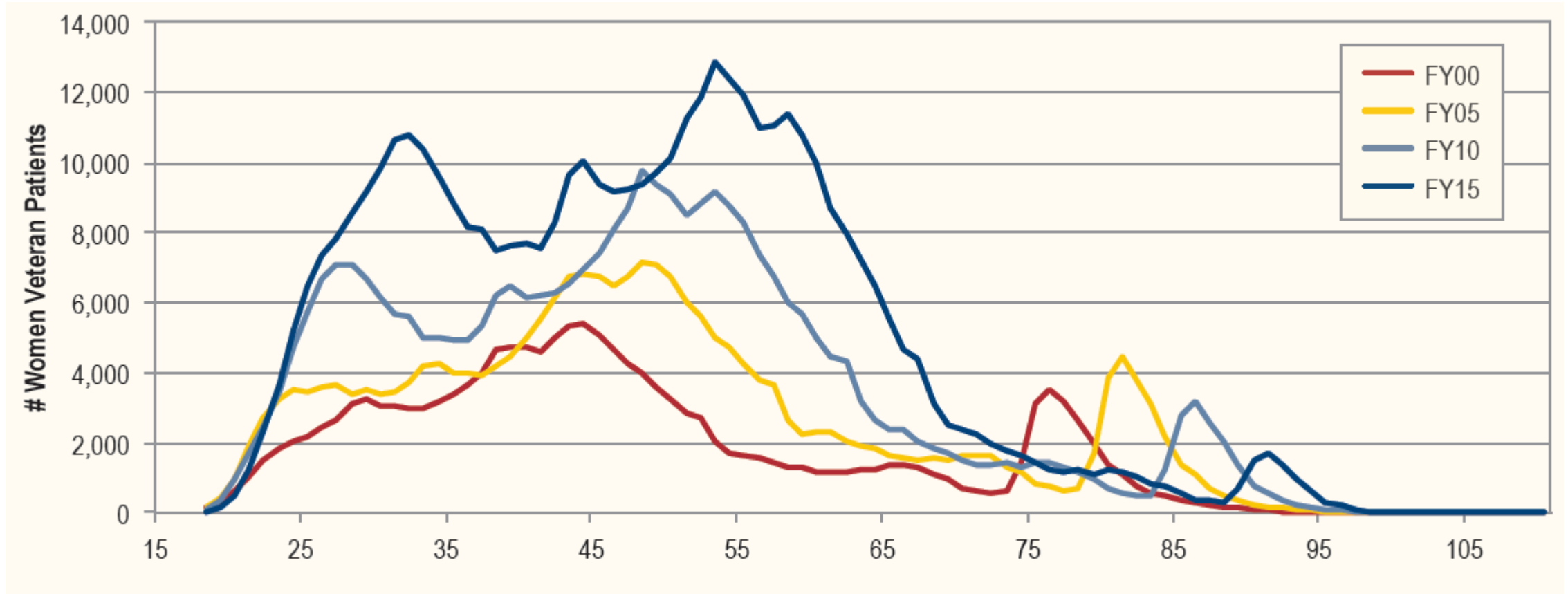
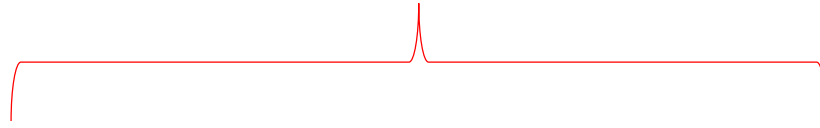
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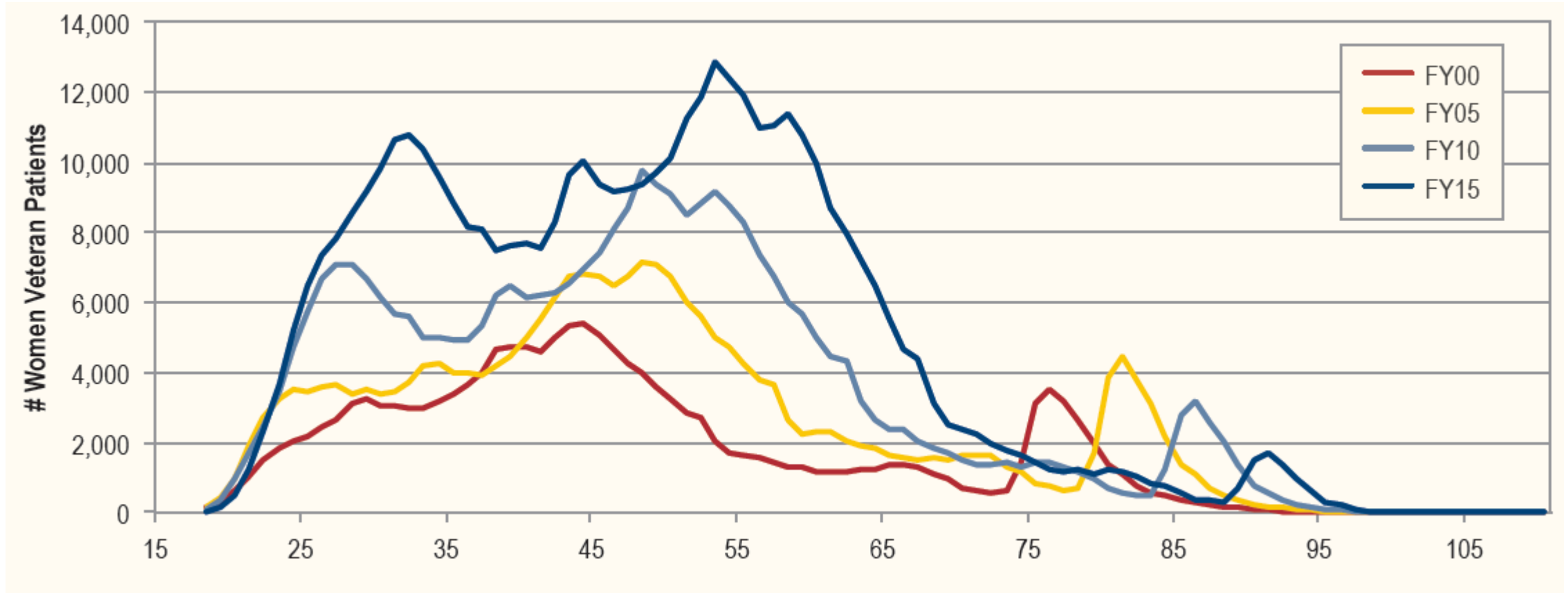
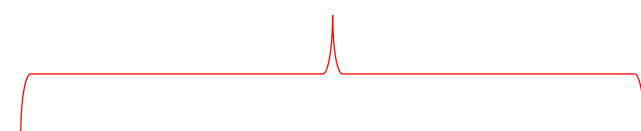
Cohort: Women Veteran VHA patients with non-missing ages 18-110 years (inclusive). FY00: N=159,728; FY05: N=231,885; FY10: N=317,087; FY15: N=439,615.

Source: WHEI Master Database, FY00-FY15

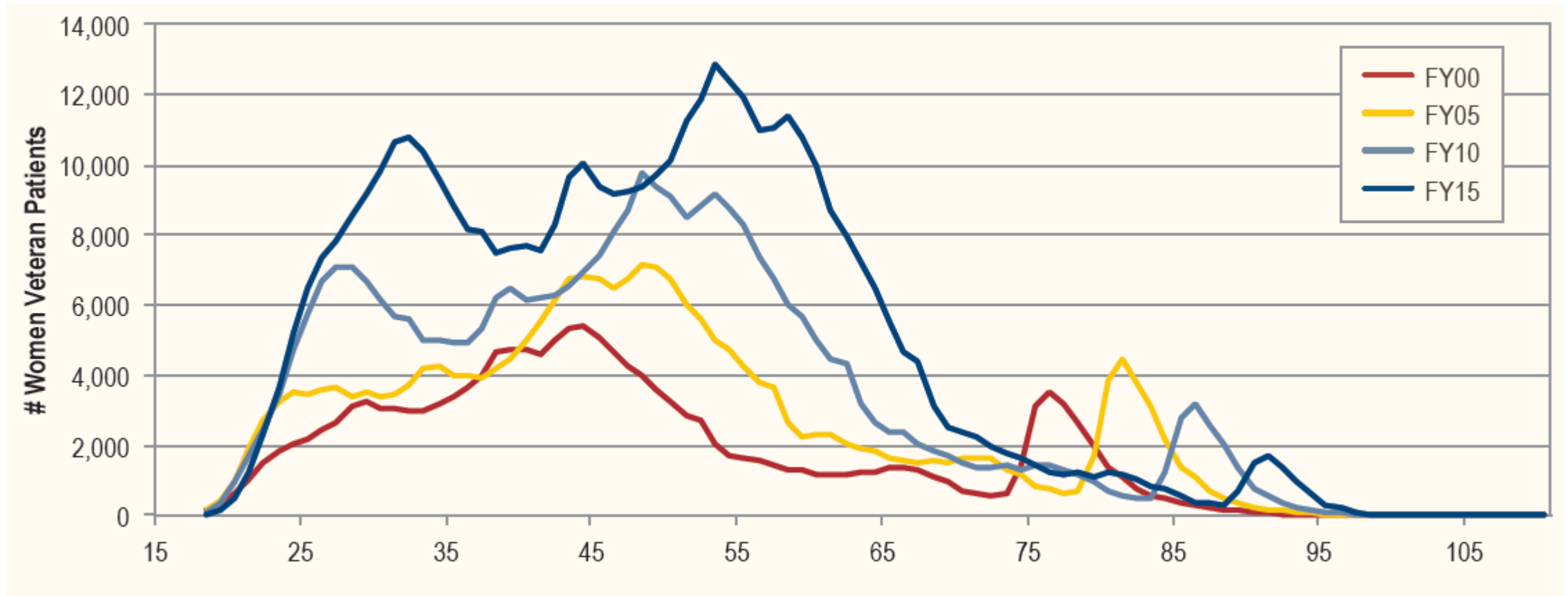
76% at risk for CVD



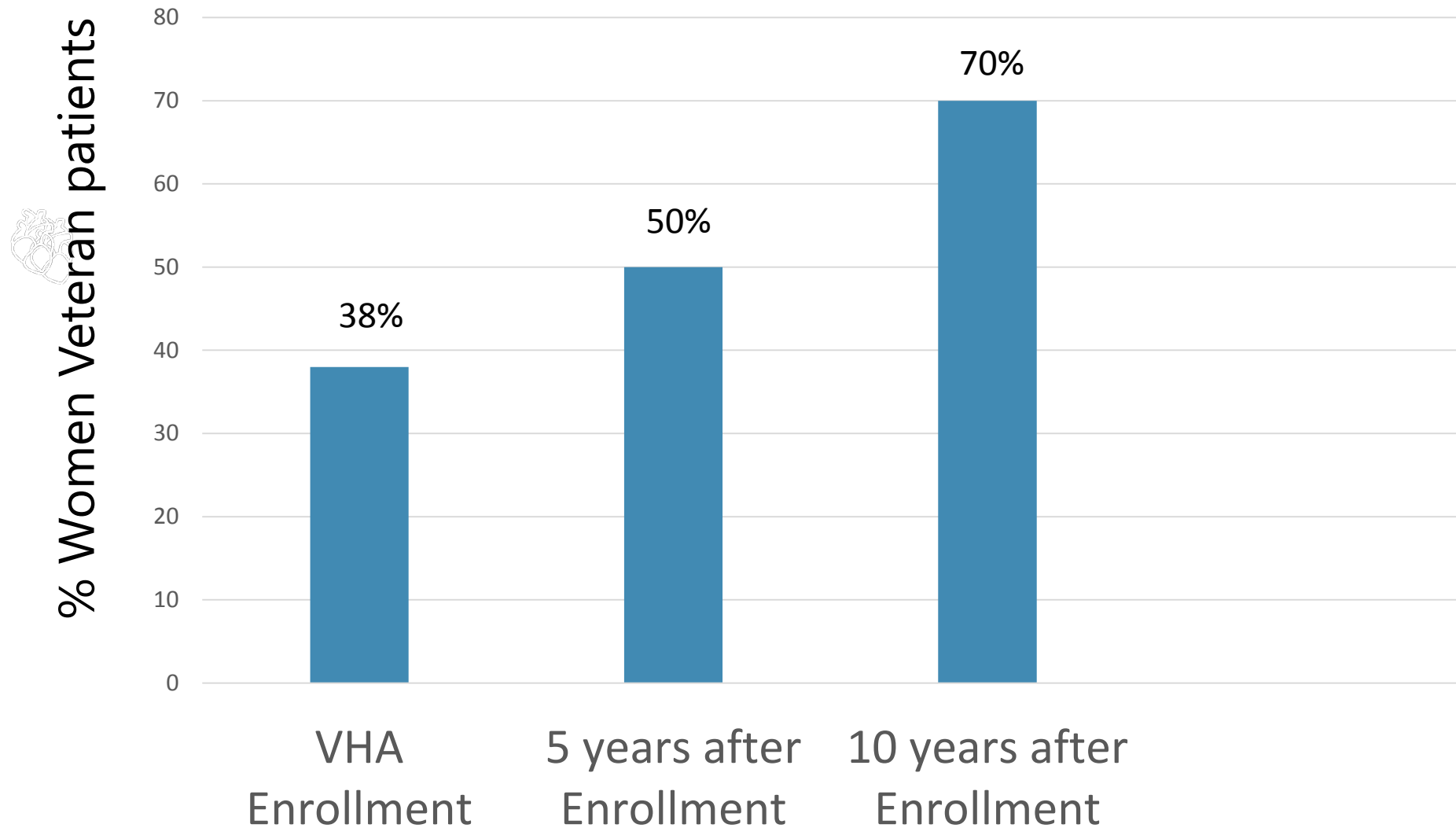
32% have a CVD condition



At Risk  Heart Disease



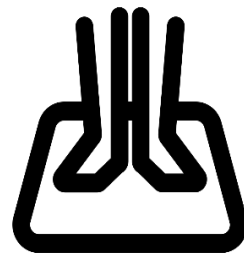
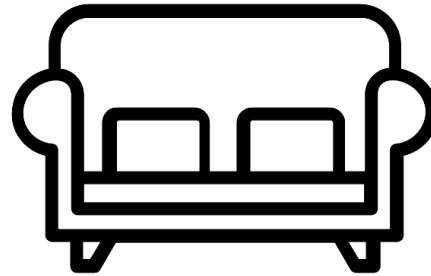
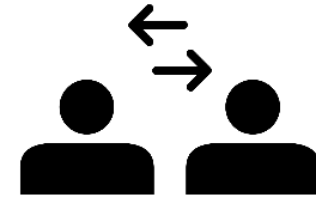
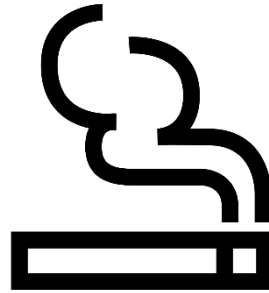
Development of at least 1 CVD risk factor after separation

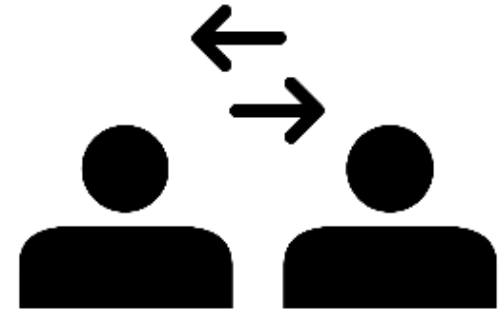


Women Veterans have greater prevalence of certain CVD risk factors than Men Veterans



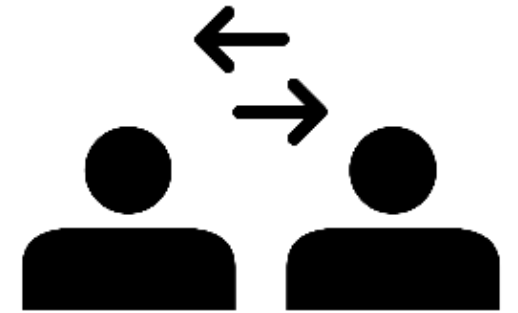
Women Veterans have greater prevalence of certain CVD risk factors than Men Veterans





Compared to Men, Women Veterans:

- Less likely to be married
- Less likely to have someone attend a doctor's visit with them and help track medications
- More likely to live alone after age 45 years
- High rates of homelessness



Low levels of social support

- Increased cardiovascular risk factors
- Poor cardiovascular outcomes



Peer Support

Individuals of similar sociocultural background and/or health condition experience providing assistance to another

Non-hierarchical, flexible, accessible

Supplements formal health system services

Models of Peer Support

Support groups (professional-led or peer led)

Peer coaches

Patient navigators

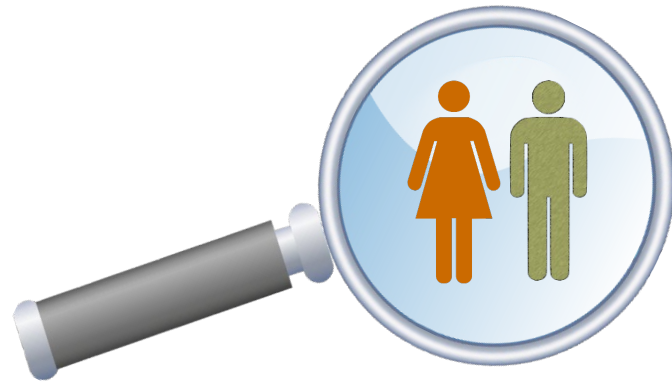
Consumer Providers

ex: VA Peer Support Specialists

Reciprocal Peer Support

Peer Support in VA

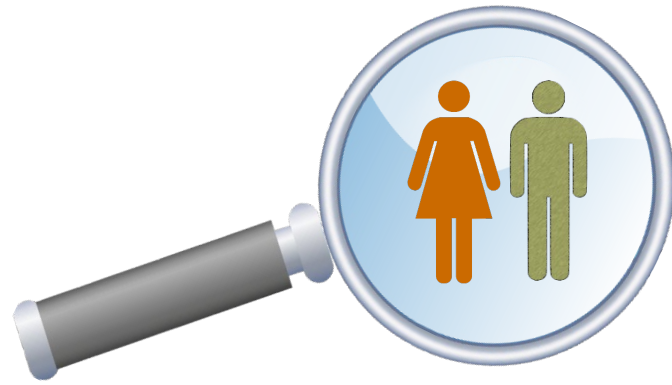
- Peer support specialists improve patient empowerment, facilitate engagement, improve recovery orientation
 - (Barber 2008, Hamilton 2013, Moskowitz 2013)
- Greater reduction in Hgb A1c vs nursing support
 - (Heisler, 2010)
- Greater reduction in Hgb A1c vs financial incentives or usual care
 - (Long et al, 2012)
- Greater weight loss among Veterans with serious mental illness
 - (Young, 2017)
- Feasible and well-received for CPAP adherence support
 - (Parthasarathy, 2013)
- Feasible and promising for delivering pain self-management
 - (Matthias, 2015)



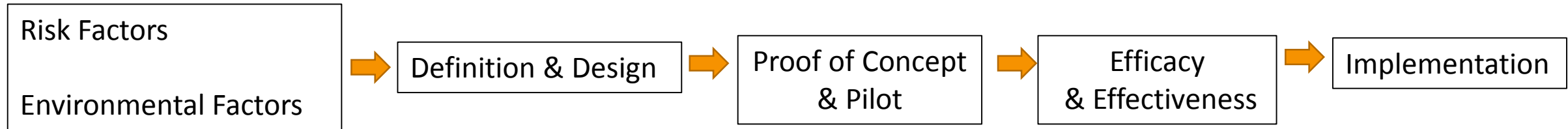
Peer support literature in the VA predominantly or exclusively male

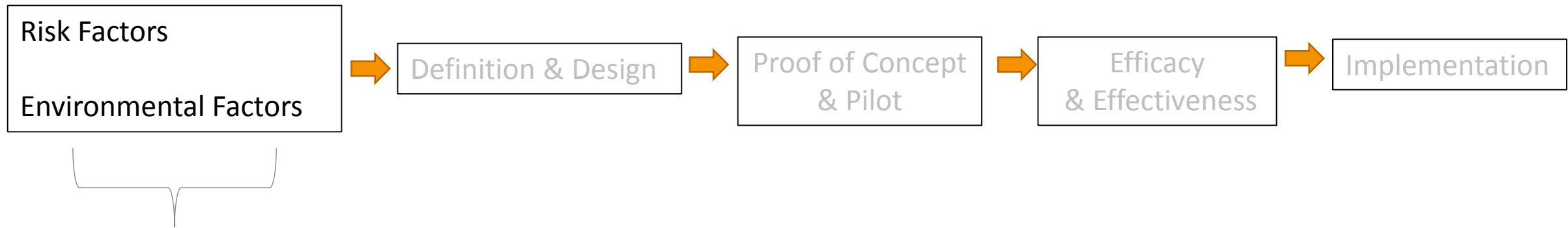
CVD risk reduction behaviors are not gender specific

Women Veterans have expressed preferences for gender specific care



But do we need gender-tailored peer support programs to decrease CVD risk? If so, how might they be tailored by gender?





Understanding women veterans' preference for peer support interventions to promote heart healthy behaviors: a qualitative study

Goldstein, Zullig, Oddone, Andrews, Grewe, Danus, Heisler, Bastian, Voils. Preventive Medicine Reports. 2018

Aimed to explore:

- 1) Women Veterans' previous experiences with social support and peer support
- 2) Perceived barriers and facilitators to participation in peer support interventions
- 3) Women Veterans' preferred features for peer support interventions designed to support heart healthy behaviors

Methods/Sample

- 25 Semi-structured, telephone-based interviews with women Veterans who had at least one risk factor for CVD
 - Patients in the Durham VA women's Health Clinic
 - Age 35-64 years (mean 50.2)
 - 48% VA care only
 - 9 (36%) live alone
 - 11 (44%) employed
- Conventional content analysis

Trust

**Engagement
Compatibility**

**Need for
Accountability
and Motivation**

Other

Trust

Need to build comfort and familiarity with a peer support partner

**Engagement
Compatibility**

Translation to Intervention:

- Early relationship building activities
- Conduct initial meetings in-person and transition to non-face to face communication after trust is built
- Incorporate trauma-informed care concepts

**Need for
Accountability
and Motivation**

Other

Trust

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Other

Important to share common health goals and a similar level of commitment to behavior change with a peer partner

Translation to Intervention:

- Use peer matching criteria that incorporates similar behavior change goals
- Assess engagement/commitment to behavior change at outset of interventions

Trust

**Engagement
Compatibility**

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Provision of accountability by a peer partner seen as valuable

Translation to Intervention:

- Provide feedback about progress towards goals
- Encourage pro-active, regular contact in peer support relationship

Trust

**Engagement
Compatibility**

**Need for
Accountability
and Motivation**

Other

Different people have different levels of readiness to engage

Translation to Intervention:

- Flexible intervention design
- Consider gender-specific groups

Trust

**Engagement
Compatibility**

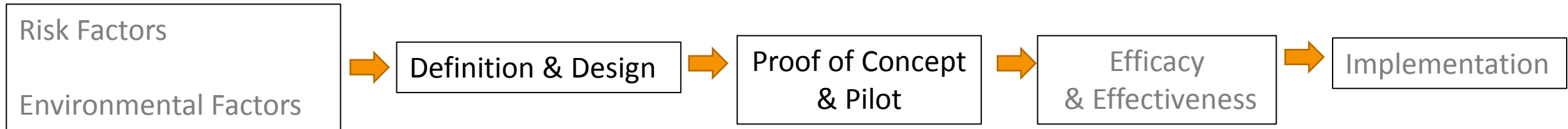
**Need for
Accountability
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Other

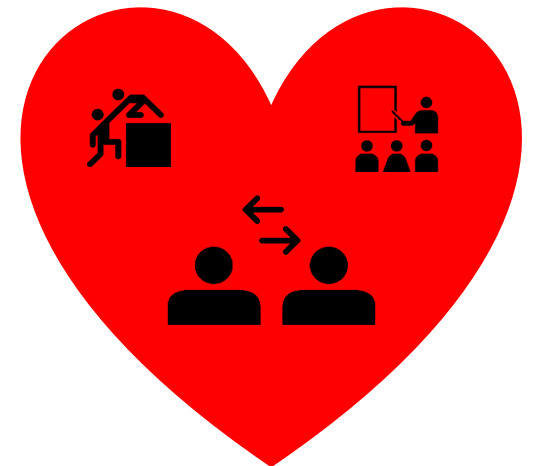
Many women identified as helpers; peer support resonated with sense of altruism

Translation to Intervention:

- Highlight opportunity to help others during recruitment
- Use mutual peer support model



Tailoring and
Heart Health Buddies Pilot



Published Literature

- Multiple risk factors
- Low social support
- Peer support among Veterans

Preliminary Findings

- WV-users of VHA at particularly high risk of CVD
- Preferences for Gender-specific care and PTSD at higher risk
- Building trust is important
- Need for accountability
- Altruism/self as helper

Published Literature

- Multiple risk factors
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Mentor Experience

- Peer studies
- CVD risk reduction
- Trials

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Veteran input

- Didactic content
- Peer matching criteria
- Intervention name

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Veteran input

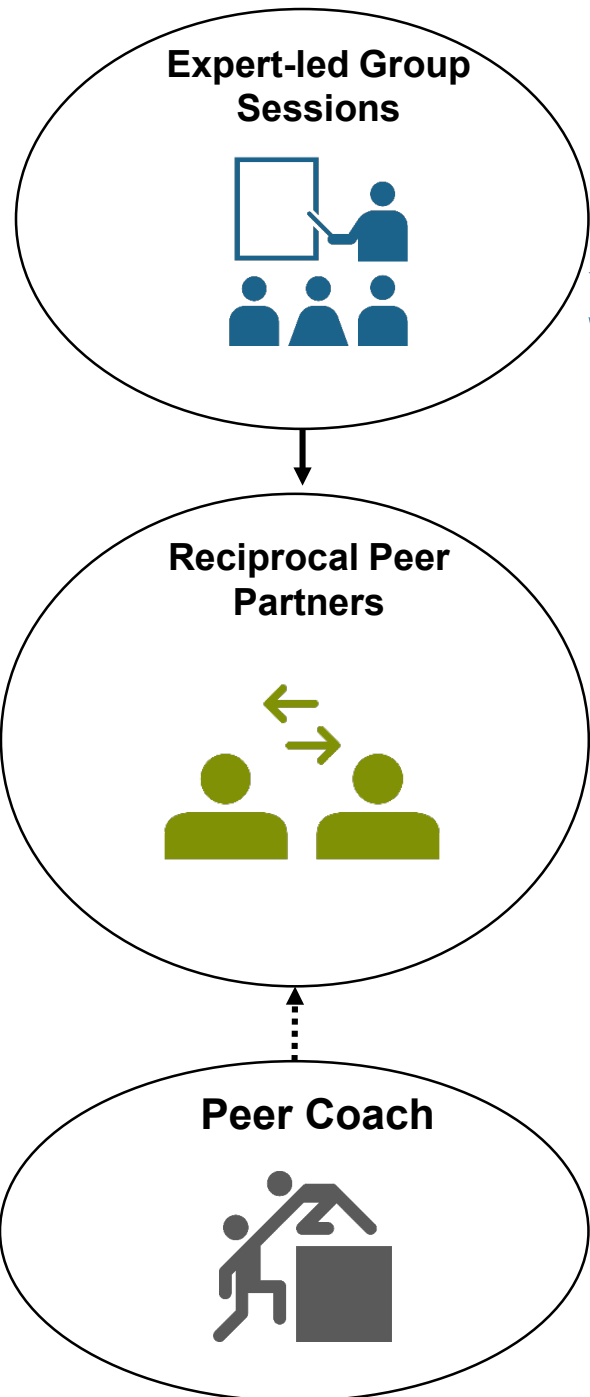
- Didactic content
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Behavior Change Technique

Review Health Consequences
Instruction on performing behavior

Social support
Social comparison
Model desired behavior change

Goal Setting
Prompt Barrier Identification
Encourage self-monitoring
General encouragement
Problem solving



Behavior Change Technique

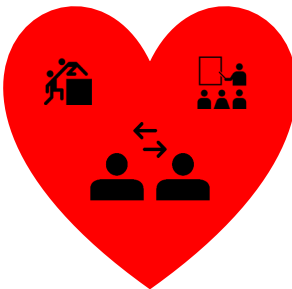
Review Health Consequences
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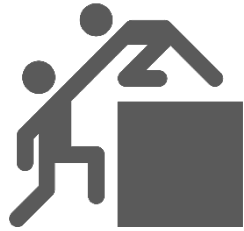
Social support
 Social comparison
 Model desired behavior change

Goal Setting
 Prompt Barrier Identification
 Encourage self-monitoring
 General encouragement
 Problem solving

Pilot Aims

- 1)** Examine the feasibility and acceptability of a 12-week hybrid peer coach-reciprocal peer support intervention for Veterans at risk for CVD
- 2)** Explore gender differences in feasibility/acceptability of new hybrid peer support model

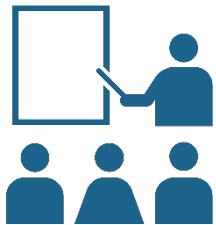




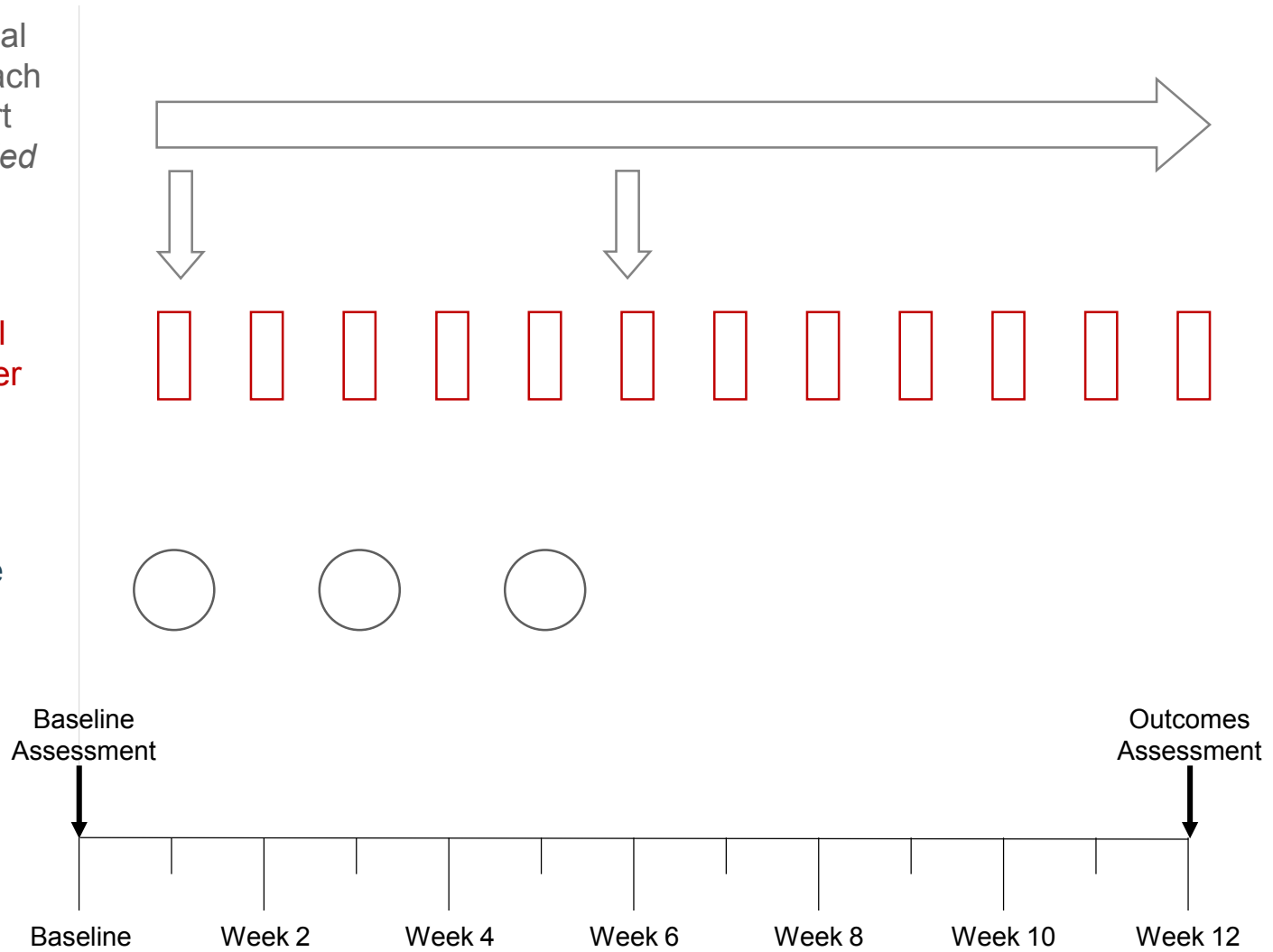
Additional
Peer Coach
Support
As Needed



Weekly
Reciprocal
Peer Partner
Calls



Interactive
Group
Sessions

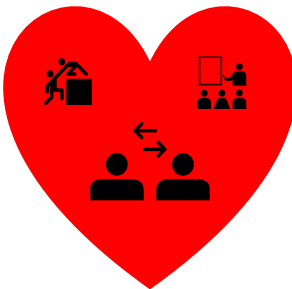


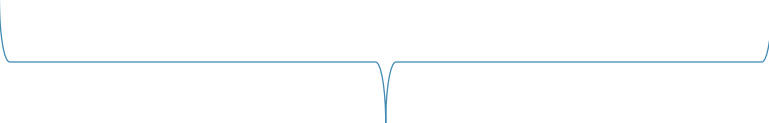
Activities to date

- 3 peer coaches enrolled (2 men, 1 woman)
- 10 reciprocal peer support partners (5 men, 5 women)
- Conducted 2 group sessions
- Text message reminders re: communication with partner
- Activity monitor provided to patients

Planned analysis

- Feasibility & acceptability
- Quantitative and qualitative
- Gender-based differences





Next Steps

Thank you, thank you, thank you!!

Mentors:

- Eugene Oddone
- Lori Bastian
- Corrine Voils
- Maren Olsen

Consultants:

- Michele Heisler
- Donna Washington

My Co-Investigators

All center staff, especially:

- Susanne Danus
- Elizabeth Strawbridge
- Jenny Zervakis
- Courtney White-Clark
- Karen Juntilla
- Sandra Woolson
- Jill Blakeney
- Jamiyla Bolton



*Michigan center for Diabetes
Translational Research: Peer
Support Core*



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